| Fill in this information to identify your case: |  |                                      |
|---|--|--------------------------------------|
| United States Bankruptcy Court for the :        |  |                                      |
| NORTHERN District of _ILLINOIS(State)           |  |                                      |
| Case Number (If known):                         | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 | ☐ Check if this is an amended filing |

### Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Identify Yourself  |  |  |
|--|--|--|
|  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):  |
| full name  |  |  |
| he name that is on your<br>ment-issued picture<br>cation (for example, | Coretta First name   | First name   |
| ort).  | Middle name  | Middle name  |
| our picture cation to your meeting e trustee.                          | Last name  | Last name  |
|  | Suffix (Sr., Jr., II, III)   | Suffix (Sr., Jr., II, III)   |
| her names you<br>used in the last 8                                    | First name   | First name   |
|  |  |  |
| e your married or<br>n names.  | Middle name  | Middle name  |
|  | Last name  | Last name  |
|  | First name   | First name   |
|  | Middle name  | Middle name  |
|  | Last name  | Last name  |
| the last 4 digits of<br>Social Security                                | xxx - xx - <u>8812</u>   | XXX - XX   |
| lual Taxpayer  | OR   | OR   |
| icanon number  | <b>9</b> xx - xx   | 9xx - xx   |
|  | full name  the name that is on your imment-issued picture cation (for example, river's license or ort).  your picture cation to your meeting e trustee.  ther names you used in the last 8  e your married or names. | About Debtor 1:  full name  the name that is on your iment-issued picture cation (for example, river's license or ort).  First name  Elaine  Middle name  Burgess  Last name  Evour picture cation to your meeting e trustee.  First name  First name  Last name  First name  Last name  First name  Last name  Aiddle name  Middle name  Last name  Estimate and the last 8  First name  Aiddle name  Aiddle name  Last name  Aiddle |

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Document Burgess Coretta Elaine Debtor 1 Case Number (if known)

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |
|----|---|---|---|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years  Include trade names and doing business as names | Business name  Business name  Business name   | I have not used any business names or EINs.  Business name  Business name  EIN  |
|    |   | EIN   | EIN   |
| 5. | Where you live  | 13626 S Hamlin Ave  | If Debtor 2 lives at a different address:   |
|    |   | Number Street   | Number Street   |
|    |   | Robbins         IL         60472           City         State         ZIP Code           COOK         County  | City State ZIP Code  County   |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices this mailing address. |
|    |   | Number Street   | Number Street   |
|    |   | P.O. Box  | P.O. Box  |
|    |   | City State ZIP Code   | City State ZIP Code   |
| 6. | Why you are choosing this district to file for  | Check one:  | Check one:  |
|    | bankruptcy.   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                            |
|    |   | have another reason. Explain. (See 28 U.S.C. § 1408   | I have another reason. Explain. (See 28 U.S.C. § 1408   |
|    |   |   |   |
|    |   |   |   |
|    |   |   |   |

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Debtor 1

Coretta Elaine Document Burgess

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Case Number (if known)

| Pa  | rt 2: Tell the Court About Your   | Bankruptcy   | Case  |        |  |  |
|-----|---|--|---|--------|--|--|
| 7.  | The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.  Chapter 7  Chapter 11  Chapter 12  Chapter 13 |   |        |  |  |
| 8.  | How you will pay the fee  | local yours subm with a  I nee Appli I requ By la less t pay t   | pay the entire fee when I file my petition. Please check with the clerk's office in your court for more details about how you may pay. Typically, if you are paying the fee self, you may pay with cash, cashier's check, or money order. If your attorney is nitting your payment on your behalf, your attorney may pay with a credit card or check a pre-printed address.  In the pay the fee in installments. If you choose this option, sign and attach the incation for Individuals to Pay The Filing Fee in Installments (Official Form 103A).  In the pay the fee be waived (You may request this option only if you are filing for Chapter 7.  In the pay in the |        |  |  |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | ■ No   | District None  District None  | When _ | MM / DD / YYYY   |  |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business parter, or by affiliate? | ■ No<br>□ Yes.   | District  | When _ | Relationship to you Case Number, if known MM / DD / YYYY  Relationship to you Case Number, if known MM / DD / YYYY |  |
| 11. | Do you rent your residence?   | □ No. ■ Yes.   |   |        |  |  |

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| Debtor 1 | Coretta    | Elaine      | Document<br>Burgess | Page 4 of 58  Case Number (if known) |
|----------|------------|-------------|---------------------|--------------------------------------|
|          | First Name | Middle Name | Last Name           |                                      |

| 12.   |   |                 |  |  |                  |
|---|---|-----------------|--|--|------------------|
|   | Are you a sole proprietor of any full- or part-time business?   | ■ No.<br>□ Yes. | Go to Part 4.  Name and location of both   | usiness  |                  |
| A sole proprietorship is a<br>business you operate as an<br>individual, and is not a<br>separate legal entity such as |   |                 | Name of business, if any   |  |                  |
|   | a corporation, partnerhsip, or<br>LLC.<br>If you have more than one<br>sole proprietorship, use a<br>separate sheed and attach it |                 | Number Street  |  |                  |
|   | to this petition.   |                 | City   |  | State Zip Code   |
|   |   |                 | Check the appropriate l  | box to describe your business:   |                  |
|   |   |                 | ☐ Health Care Busin  | ness (as defined in 11 U.S.C. § 101(27   | <sup>7</sup> A)) |
|   |   |                 | ☐ Single Asset Real  | Estate (as defined in 11 U.S.C. § 101  | (51B))           |
|   |   |                 | ☐ Stockbroker (as d  | lefined in 11 U.S.C. § 101(53A))   |                  |
|   |   |                 | ☐ Commodity Broke  | er (as defined in 11 U.S.C. § 101(6))  |                  |
|   |   |                 | ☐ None of the above  | <b>e</b>   |                  |
| De  | debtor?  For a definition of small business debtor, see 11 U.S.C. § 101(51D).   | ☐ No. I         | the Bankruptcy Code.  I am filing under Chapter Bankruptcy Code.   | oter 11.  11, but I am NOT a small business del  11 and I am a small business debtor a | -                |
|   | Report ii Tou Own of Hav  | e Ally Hazard   | ous Property of Ally Prope   | That Needs ininiediate Attention   |                  |
| 14.   | Do you own or have any<br>property that poses or is<br>alleged to pose a threat<br>of imminent and<br>indentifiable hazard to     | No.             | What is the hazard? _  |  |                  |
|   | public health or safety?  |                 | -  |  |                  |
|   | Or do you own any property that needs immediate attention?  |                 | If immediate attention is i  | needed, why is it needed?  |                  |
|   | property that needs   |                 | If immediate attention is i  | needed, why is it needed?  |                  |
|   | property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building   |                 | If immediate attention is a second of the se | needed, why is it needed?  |                  |
|   | property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building   |                 | -  |  |                  |

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Debtor 1

Coretta

Elaine

Case Number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| bout Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):  |
|---|--|
| ou must check one:  | You must check one:  |
| I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.  | ☐I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.  |
| Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.  | Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.   |
| I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.   | I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.  |
| Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.   | Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.  |
| I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.   | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.  |
| To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.  | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.   |
| Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.  Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. | Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.  Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. |
| I am not required to receive a briefing about credit counseling because of:   | I am not required to receive a briefing about credit counseling because of:  |
| Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances   | Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making  |

Disability.

Disability.

My physical disability causes me

to be unable to participate in a

briefing in person, by phone, or

through the internet, even after I

duty in a military combat zone.

reasonably tried to do so.

Active duty. I am currently on active military

If you believe you are not required to receive a

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

My physical disability causes me

to be unable to participate in a

briefing in person, by phone, or

through the internet, even after I

duty in a military combat zone.

reasonably tried to do so.

Active duty. I am currently on active military

If you believe you are not required to receive a

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

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Debtor 1 Coretta Elaine Document

Burgess

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| Pa  | t 6: Answer These Questions  | ; for Reporting Purposes  |   |  |  |  |
|---|--|---|---|--|--|--|
| 16.   | What kind of debts do you have?  | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  No. Go to line 16b.  Yes. Go to line 17. |   |  |  |  |
|   |  |   | business debts? Business debts are debts estment or through the operation of the busine               | -  |  |  |
|   |  | No. Go to line 16c. Yes. Go to line 17.   |   |  |  |  |
|   |  | _   | owe that are not consumer debts or business of  | lehts  |  |  |
|   |  |   | and that are not confidence to businesses   |  |  |  |
| 17.   | Are you filing under Chapter 7?  | No. I am not filing under Ch  | napter 7. Go to line 18.  |  |  |  |
| Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? any exempt property is |  |   |   |  |  |  |
|   | excluded and   | No.   |   |  |  |  |
|   | administrative expenses are paid that funds will be available for distribution to unsecured creditors? | ∐Yes.   |   |  |  |  |
| 18.   | How many creditors do  | 1-49  | 1,000-5,000   | 25,001-50,000  |  |  |
|   | you estimate that you owe?   | □ 50-99<br>□ 100-199  | ☐ 5,001-10,000<br>☐ 10,001-25,000   | ☐ 50,001-100,000<br>☐ More than 100,000                      |  |  |
|   |  | 200-999   |   |  |  |  |
| 19.   | •  | \$0-\$50,000  | \$1,000,001-\$10 million  | \$500,000,001-\$1 billion                                    |  |  |
|   | estimate your assets to be worth?  | \$50,001-\$100,000<br>\$100,001-\$500,000   | ☐ \$10,000,001-\$50 million ☐ \$50,000,001-\$100 million  | □\$1,000,000,001-\$10 billion □\$10,000,000,001-\$50 billion |  |  |
|   |  | □ \$500,001-\$1 million   | □ \$100,000,001-\$500 million   | ☐More than \$50 billion                                      |  |  |
| 20.   | How much do you  | □ \$0-\$50,000  | ☐ \$1,000,001-\$10 million  | □\$500,000,001-\$1 billion                                   |  |  |
|   | estimate your liabilities  | \$50,001-\$100,000  | \$10,000,001-\$50 million   | \$1,000,000,001-\$10 billion                                 |  |  |
|   | to be?   | ☐ \$100,001-\$500,000<br>☐ \$500,001-\$1 million  | ☐ \$50,000,001-\$100 million ☐ \$100,000,001-\$500 million  | ☐ \$10,000,000,001-\$50 billion ☐ More than \$50 billion     |  |  |
| Pa  | rt 7: Sign Below   | <b>4</b> \$000,001-\$1 mmon   | _ \$100,000,001-\$300 million   | Minore trail 400 printer                                     |  |  |
|   | olg.: Delow  |   |   |  |  |  |
| For   | you  | correct.  | I declare under penalty of perjury that the info  | rmation provided is true and                                 |  |  |
|   |  |   | oter 7, I am aware that I may proceed, if eligible inderstand the relief available under each chap    | •  |  |  |
|   |  |   | did not pay or agree to pay someone who is r d read the notice required by 11 U.S.C. § 342(           |  |  |  |
|   |  | I request relief in accordance with   | the chapter of title 11, United States Code, sp   | ecified in this petition.                                    |  |  |
|   |  | _   | nent, concealing property, or obtaining money in fines up to \$250,000, or imprisonment for uld 3571. |  |  |  |
|   |  | /s/ Coretta Elaine Burg   | ·   | ture of Debtor 2   |  |  |
|   |  | orginature or Debior 1  | Signa   | IUIO OI DEDIOI Z   |  |  |
|   |  | Executed on02/16/2016   |   | ited on  |  |  |
|   |  | MM / DD .   | /   | MM / DD / YYYY   |  |  |

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| Debtor 1 | Coretta    | Elaine      | Burgess   | Case Number (if known) |
|----------|------------|-------------|-----------|------------------------|
|          | First Name | Middle Name | Last Name |                        |

For your attorney, if you are represented by one

if you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| ✗ /s/ Jon Kurt Clasing           | Date     | Date: 02/23/2016    |      |
|----------------------------------|----------|---------------------|------|
| Signature of Attorney for Debtor | Bute     | MM / DD / YYYY      |      |
| Jon Kurt Clasing                 |          |                     |      |
| Printed name                     |          |                     |      |
| Geraci Law L.L.C.                |          |                     |      |
| Firm name                        |          |                     |      |
| 55 E. Monroe St., #3400          |          |                     |      |
| Number Street                    |          |                     |      |
|                                  |          |                     |      |
| Chicago                          | IL       | 60603               |      |
| City                             | State    | ZIP Code            |      |
| Contact Phone312-332-1800        | Email ad | dressndil@geracilaw | .com |
| 6301418                          |          | IL                  |      |
| Bar number                       | State    | <del></del>         |      |

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| Fill in this information to identify your case: |                    |  |                      |  |  |  |
|---|--------------------|--|----------------------|--|--|--|
| Debtor 1  | Coretta            | Elaine                                 | Burgess              |  |  |  |
|   | First Name         | Middle Name                            | Last Name            |  |  |  |
| Debtor 2  |                    |  |                      |  |  |  |
| (Spouse, if filing)                             | First Name         | Middle Name                            | Last Name            |  |  |  |
| United States                                   | Bankruptcy Court f | or the : <u>NORTHERN</u> District of _ | ILLINOIS_<br>(State) |  |  |  |
| Case Number                                     |                    |  | _                    |  |  |  |
| (If known)                                      |                    |  |                      |  |  |  |

#### Check if this is an amended filing

## Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Summarize Your Assets   |  |
|---|--|
|   | Your assets<br>Value of what you own                 |
| 1. Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$ 0<br>\$ 4,450<br>\$ 4,450                         |
| Summarize Your Liabilities  |  |
| <ol> <li>Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)         <ul> <li>Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D</li></ul></li></ol> | Your liabilities Amount you owe \$9,000 \$0 \$70,562 |
| 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$2,605.04   |
| Schedule J: Your Expenses (Official Form 106J)     Copy your monthly expenses from line 22c of Schedule J   | \$2,560.00   |

Case 16-06107 Doc 1 Filed 02/24/16 Entered 02/24/16 14:02:50 Desc Main Page 9 of 58 Document Coretta Elaine Case Number (if known) \_ First Name Middle Name Last Name <u>AssetsAmount</u> **EntriesDescription LiabilitiesAmount Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapter 7, 11 or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

 From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 2,300.67

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total claim  |
|--|--------------|
| From Part 4 of Schedule E/F, copy the following:   |              |
| 9a. Domestic support obligations (Copy line 6a.)   | \$ 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$ 0.00      |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$_0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$_53,650.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | \$_0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$ 53,650.00 |

|                                 |   | 6.06107 Doc 1  |                                       | Entered 02/24/16 14:02   | :50 De:         | sc Main   |           |
|---------------------------------|---|--|---------------------------------------|--|-----------------|---|-----------|
| Fill in this in                 | formation to ide                        | ntify your case and this fi                          | ling:                                 | 0 of 58  |                 |   |           |
| Debtor 1                        | Coretta                                 | Elaine   | Burgess                               |  |                 |   |           |
|                                 | First Name                              | Middle Name  | Last Name                             |  |                 |   |           |
| Debtor 2<br>(Spouse, if filing) | First Name                              | Middle Name  | Last Name                             |  |                 |   |           |
| United States                   | Bankruptcy Court fo                     | or the : <u>NORTHERN</u> Dist                        |                                       |  |                 |   |           |
| Case Number                     |   |  | (State)                               |  | [               | Check if this is a                              | an        |
| (If known)                      |   |  |                                       |  |                 | amended filing                                  |           |
|                                 | orm 106A                                |  |                                       |  |                 |   |           |
|                                 | e A/B: Pr                               |  |                                       |  |                 |   | 12/15     |
|                                 |   |  | · · · · · · · · · · · · · · · · · · · | fits in more than one category, list the a<br>arried people are filing together, both as |                 |   |           |
| esponsible for                  | supplying corre                         | ct information. If more sp                           | ace is needed, attach a separa        | te sheet to this form. On the top of any a   |                 |   |           |
|                                 |   | e number (if known). Ans                             |                                       |  |                 |   |           |
|                                 |   |  | Other Real Esate You Own or Ha        |  |                 |   |           |
| No.                             | n or nave any le                        | gai or equitable interest i                          | n any residence, building, land       | i, or similar property?  |                 |   |           |
| Yes.                            | Describe                                |  |                                       |  |                 |   |           |
|                                 | -                                       | -  | your entries fro Part 1, includi      | ng any entries for pages   |                 |   | ***       |
| you have at                     | tached for Fart                         | i. Write that number here                            |                                       |  |                 |   | \$0.00    |
| Part 2:                         | Describe Your Vel                       | hicles   |                                       |  |                 |   |           |
| Do you own, le                  | ease, or have leg                       | al or equitable interest in                          | any vehicles, whether they are        | e registered or not? Include any vehicles  |                 |   |           |
| you own that so                 | omeone else driv                        | es. If you lease a vehicle, a                        | also report it on Schedule G: Ex      | ecutory Contracts and Unexpired Leases   | S.              |   |           |
| 03. Cars, vans                  | s, trucks, tractors                     | s, sport utility vehicles, m                         | otorcycles                            |  |                 |   |           |
| Yes.                            | Describe                                |  |                                       |  |                 |   |           |
| <u> </u>                        | flake:                                  | Dodge  | Who has an interest in the            |  |                 | claims or exemptions. Pu                        |           |
| N                               | Model:                                  | Stratus  | Debtor 1 only                         |  | •               | red claims on Schedule laims Secured by Propert |           |
| Υ                               | 'ear:                                   | 2005   | Debtor 2 only                         | Currer   | nt value of the | Current value o                                 | of the    |
| А                               | pproximate Milea                        | age: 125,000   | Debtor 1 and Debtor 2 on              | entire   | property?       | portion you ow                                  | n?        |
| C                               | Other information:                      |  | At least one of the debtors           | \$ and another \$  | 500.            | 00 \$   | 500.00    |
| Г                               |   |  | Check if this is comm                 | unity property (see  |                 |   |           |
|                                 |   |  | instructions)                         |  |                 |   |           |
| L                               |   |  |                                       |  |                 |   |           |
|                                 |   |  | ecreational vehicles, other veh       |  |                 |   |           |
| No.                             | Boats, trailers, mot                    | ors, personal watercraft, fishin                     | g vessels, snowmobiles, motorcycle    | accessories  |                 |   |           |
| Yes.                            | Describe                                |  |                                       |  |                 |   |           |
|                                 |   |  | your entries fro Part 2, includir     |  |                 |   | \$ 500.00 |
| you nave at                     | tached for Part 2                       | 2. Write that number here                            |                                       |  |                 |   |           |
| Part 3:                         | Describe Your Per                       | rsonal and Household Items                           | •                                     |  |                 |   |           |
| Do you own o                    | r have any legal                        | or equitable interest in an                          | y of the following items?             |  |                 | Current value of the                            | е         |
|                                 |   |  |                                       |  |                 | portion you own?  Do not deduct secured         | claims    |
|                                 |   |  |                                       |  |                 | or exemptions                                   |           |
|                                 | d goods and furn<br>Major appliances, f | <b>nishings</b><br>Turniture, linens, china, kitchen | ware                                  |  |                 |   |           |
| No.                             |   |  |                                       |  |                 |   |           |
| Yes.                            | Describe                                | Furniture linens small applic                        | ances, Washer/dryer, Fridge, table &  | chairs hedroom set   | \$2,100         |   |           |
|                                 |   | i umiture, imens, smaii applia                       | ances, wasnenuryer, rhuge, table &    | Grans, Deciroom Set  | φ2,100          | \$  | 2,100.00  |

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| 07. Electroni | cs   |  |       |  |
|---------------|--|--|-------|--|
|               |  | dios; audio, video, stereo, and digital equipment; computers, printers, scanners; music  |       |  |
| collection    | s; electronic devices                            | including cell phones, cameras, media players, games   |       |  |
| ∐ No.         |  |  |       |  |
| Yes           | . Describe                                       |  |       |  |
| _             |  | Flat screen TV, cell phone   | \$350 |  |
|               |  |  |       | \$ <u>350.0</u> 0                              |
| 08. Collectib | les of value                                     |  |       |  |
| Example       | s: Antiques and figur                            | ines; paintings, prints, or other artwork; books, pictures, or other art objects;  |       |  |
|               |  | collections; other collections, memorabilia, collectibles  |       |  |
| No.           |  |  |       |  |
| Yes           | . Describe                                       |  |       |  |
|               | . Describe                                       |  |       | s 0.00   |
| 00 5          |  | habbia   |       | ş <u> </u>                                     |
|               | nt for sports and                                |  |       |  |
|               | s: Sports, priotograpi<br>ks; carpentry tools; r | nic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes  |       |  |
| No.           | ks, carpentry tools, i                           | ที่นิวเปลา เทิงแนกายกเร  |       |  |
|               |  |  |       |  |
| Yes           | . Describe                                       |  |       |  |
|               |  |  |       | \$ <u> </u>                                    |
| 10. Firearms  |  |  |       |  |
| Example       | : Pistols, rifles, shot                          | guns, ammunition, and related equipment  |       |  |
| No.           |  |  |       |  |
| Yes           | . Describe                                       |  |       |  |
|               | 20001.20   |  |       | \$ 0.00  |
| 11. Clothes   |  |  |       | <del></del>                                    |
|               | : Everyday clothes                               | furs, leather coats, designer wear, shoes, accessories   |       |  |
| □ No.         | . Everyddy olotrico,                             | taro, realiter soute, accigner wear, oriotto, accessories  |       |  |
|               |  |  |       |  |
| Yes           | . Describe                                       |  |       |  |
|               |  | Everyday clothes, winter coats, shoes, accessories   | \$100 |  |
|               |  |  |       | \$ <u>100.0</u> 0                              |
| 12. Jewelry   |  |  |       |  |
|               |  | costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,   |       |  |
| gold, silv    | er   |  |       |  |
| ∐ No.         |  |  |       |  |
| Yes           | . Describe                                       |  |       |  |
| _             |  | Costume  | \$100 |  |
|               |  |  |       | \$ <u>100.0</u> 0                              |
| 13. Non-farm  | animals  |  |       |  |
| Example       | : Dogs, cats, birds,                             | horses   |       |  |
| No.           |  |  |       |  |
|               | . Describe                                       |  |       |  |
| Yes           | . Describe                                       |  |       | \$ 0.00  |
|               |  |  |       | \$0.0  |
| _ —           | r personal and he                                | busehold items you did not already list, including any health aids you did not list  |       |  |
| ∐ No.         |  |  |       |  |
| Yes           | . Describe                                       |  |       |  |
|               |  | Books, CDs, DVDs & Family Photos   | \$100 |  |
|               |  |  |       | \$ <u>100.0</u> 0                              |
| 15. Add the d | lollar value of all                              | of your entries from Part 3, including any entries for pages you have attached   |       |  |
|               |  | per here>  |       | \$2,750.00                                     |
| 101 Fait 3    | write that humb                                  | TO THE COMMENT OF THE |       |  |
|               | Describe Your Fir                                | nancial Assets   |       |  |
| Part 4:       | _coo.ibe rour Fil                                |  |       |  |
| Do you own    | or have any legal                                | or equitable interest in any of the following?   |       | Current value of the                           |
| Do you own    | or mave any legal                                | or equitable interest in any or the following:   |       |  |
|               |  |  |       | portion you own?  Do not deduct secured claims |
|               |  |  |       | or exemptions                                  |
| 40.0          |  |  |       | or exemptions                                  |
| 16. Cash      | Manageries                                       | and a last the control of the contro |       |  |
| Example:      | s ivioney you have it                            | n your wallet, in your home, in a safe deposit box, and on hand when you file your petition  |       |  |
|               | . money you mare ii                              |  |       |  |
| No.           | eey yea nave                                     |  |       |  |
| No.           |  |  |       |  |
| I <b>=</b> ., |  |  |       | \$ <u>0.0</u> 0                                |

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| 17. |              | Checking, savings   | , or other financial accounts; c                                   |                  |                        | dit unions, brokerage house   | es,              |          |          |
|-----|--------------|---------------------|--|------------------|------------------------|-------------------------------|------------------|----------|----------|
|     | No.          |                     |  |                  |                        |                               |                  |          |          |
|     | Yes.         | Describe            | Account Type:  | Inst             | titution name:         |                               |                  |          |          |
|     |              |                     | Checking Account   |                  | Chase Bank             |                               |                  | \$       | 2,000.00 |
|     |              |                     |  |                  |                        |                               |                  | \$       | 1,200.00 |
| 18. | Bonds, mu    | tual funds, or p    | ublicly traded stocks  |                  |                        |                               |                  |          |          |
|     | Examples:    | Bond funds, invest  | ment accounts with brokerage                                       | firms, money     | market accounts        |                               |                  |          |          |
|     | No.          |                     |  |                  |                        |                               |                  |          |          |
|     | Yes.         | Describe            | Institution or issuer name   | :                |                        |                               |                  |          |          |
|     |              |                     |  |                  |                        |                               |                  | \$       | 0.00     |
| 19. | Non-public   | ly traded stock     | and interests in incorpor  | ated and un      | incorporated bus       | sinesses, including an i      | nterest in       |          |          |
|     | No.          |                     |  |                  |                        |                               |                  |          |          |
|     | Yes.         | Describe            | Name of Entity and Perce   | nt of Owners     | ship:                  |                               |                  |          |          |
|     |              |                     |  |                  |                        |                               |                  | \$       | 0.00     |
| 20. | Governme     | nt and corporat     | e bonds and other negoti   | able and no      | n-negotiable inst      | ruments                       |                  |          |          |
|     | •            |                     | e personal checks, cashiers' o                                     |                  |                        | •                             |                  |          |          |
|     | _            | able instruments a  | re those you cannot transfer to                                    | someone by       | signing or delivering  | them.                         |                  |          |          |
|     | No.          |                     |  |                  |                        |                               |                  |          |          |
|     | Yes.         | Describe            | Issuer name:   |                  |                        |                               |                  |          |          |
|     |              |                     |  |                  |                        |                               |                  | \$       | 0.00     |
| 21. |              | or pension acc      |  |                  |                        |                               |                  |          |          |
|     |              | Interests in IRA, E | RISA, Keogh, 401(k), 403(b), 1                                     | nriπ savings a   | ccounts, or other pe   | nsion or profit-snaring plans |                  |          |          |
|     | No.          |                     |  |                  |                        |                               |                  |          |          |
|     | Yes.         | Describe            | Type of account and Insti  | tution name:     |                        |                               |                  | _        | 0.00     |
| ^^  | 0            |                     |  |                  |                        |                               |                  | \$       | 0.00     |
| 22. | =            | eposits and pre     | · · · <del>-</del> ·   | u may continu    | io convico or uso fro  | m a company                   |                  |          |          |
|     |              |                     | osits you have made so that yo<br>andlords, prepaid rent, public u | -                |                        |                               |                  |          |          |
|     | No.          | g                   | , p p , p  | (                | 2, 922, 112121, 12121  |                               |                  |          |          |
|     | Yes.         | Describe            | Institution name or individ  | ual <sup>.</sup> |                        |                               |                  |          |          |
|     |              | Describe            | moditation name of marvie  | uui.             |                        |                               |                  | s        | 0.00     |
| 23. | Annuities (  | A contract for a    | periodic payment of mo   | nev to you, e    | either for life or fe  | or a number of years)         |                  | <b>-</b> |          |
|     | No.          |                     |  |                  |                        | ,                             |                  |          |          |
|     | Yes.         | Describe            | Issuer name and descript   | ion·             |                        |                               |                  |          |          |
|     |              | Describe            | iodadi namo ana accompt  |                  |                        |                               |                  | s        | 0.00     |
| 24. | Interests in | n an education I    | RA, in an account in a qu  | alified ABLE     | E program, or und      | der a qualified state tuiti   | ion program.     | <b>-</b> |          |
|     |              | § 530(b)(1), 529A   |  |                  | , , , , , ,            |                               |                  |          |          |
|     | No.          |                     |  |                  |                        |                               |                  |          |          |
|     | Yes.         | Describe            | Institution name and desc  | ription. Sepa    | arately file the rec   | ords of any interests.11 l    | U.S.C. § 521(c): |          |          |
|     |              |                     |  |                  |                        |                               |                  | \$       | 0.00     |
| 25. | Trusts, equ  | uitable or future   | interests in property (oth   | er than any      | thing listed in lin    | e 1), and rights or powe      | ers              |          |          |
|     | No.          |                     |  |                  |                        |                               |                  |          |          |
|     | Yes.         | Describe            |  |                  |                        |                               |                  |          |          |
|     |              |                     |  |                  |                        |                               |                  | \$       | 0.00     |
| 26. | Patents, co  | pyrights, trade     | marks, trade secrets, and  | other intelle    | ectual property        |                               |                  |          |          |
|     | Examples:    | Internet domain na  | imes, websites, proceeds from                                      | royalties and    | licensing agreemen     | ts                            |                  |          |          |
|     | No.          |                     |  |                  |                        |                               |                  |          |          |
|     | Yes.         | Describe            |  |                  |                        |                               |                  |          |          |
|     |              |                     |  |                  |                        |                               |                  | \$       | 0.00     |
| 27. | -            | -                   | other general intangibles  |                  |                        |                               |                  |          |          |
|     |              | Building permits, e | xclusive licenses, cooperative                                     | association ho   | oldings, liquor licens | es, professional licenses     |                  |          |          |
|     | No.          |                     |  |                  |                        |                               |                  |          |          |
|     | Yes.         | Describe            |  |                  |                        |                               |                  |          |          |
|     |              |                     |  |                  |                        |                               |                  | \$       | 0.00     |

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Desc Main

First Name

Middle Name

Document Last Name

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| Money or property owed to you?   | Current value of the portion you own?  Do not deduct secured claims or exemptions |
|--|---|
| 28. Tax refunds owed to you  No.   |   |
| Yes. Describe  | \$ 0.00   |
| 29. Family support  Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement  No.  |   |
| Yes. Describe  | \$0.00  |
| 30. Other amounts someone owes you  Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else  No.              | _   |
| Yes. Describe  | \$0.00  |
| 31. Interest in insurance policies  Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance  No. Company Name & Beneficiary:   |   |
| Yes. Describe  | \$0.00  |
| 32. Any interest in property that is due you from someone who has died  If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.  No. |   |
| Yes. Describe  | \$ 0.00   |
| 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue  |   |
| Yes. Describe  | \$0.00  |
| 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights  No.  |   |
| Yes. Describe  | \$ 0.00   |
| 35. Any financial assets you did not already list  |   |
| Yes. Describe  | \$ 0.00   |
| 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached   |   |
| for Part 4. Write that number here   | \$2,000.00  |
| Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.   |   |
| 37. Do you own or have any legal or equitable interest in any business-related property?  No.  Yes.  |   |
|  | Current value of the portion you own? Do not deduct secured claims or exemptions  |
| 38. Accounts receivable or commissions you already earned No.  |   |
| Yes. Describe  | \$ <u>0.0</u> 0   |

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Document Page 14 of 58 Pumber (if known) Case 16-06107 Doc 1 Desc Main Debtor 1 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices Yes. Describe..... 0.00 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade Describe..... Yes. 0.00 41. Inventory No. Describe..... Yes. 0.00 42. Interests in partnerships or joint ventures No. Name of Entity and Percent of Ownership: Yes. Describe..... 0.00 43. Customer lists, mailing lists, or other compilations No. Yes. Describe..... 0.00 44. Any business-related property you did not already list Describe..... 0.00 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached \$ 0.00 Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Describe..... Yes 0.00 47. Farm animals Examples: Livestock, poultry, farm-raised fish No. Yes. Describe..... 0.00 48. Crops-either growing or harvested No. Yes. Describe..... 0.00 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade No. Yes. Describe..... 0.00 50. Farm and fishing supplies, chemicals, and feed No. Yes. Describe..... 0.00

0.00

\$0.00

51. Any farm- and commercial fishing-related property you did not already list

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached

No. Yes.

Describe.....

Coretta

Case 16-06107

62. Total personal property. Add lines 56 through 61. .....

63. Toal of all property on Schedule A/B. Add line 55 + line 62

Doc 1

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\$5,250.00

Desc Main

\$5,250.00

\$5,250.00

Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No. Describe..... Yes. 0.00 \$0.00 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... --> List the Totals of Each Part of this Form Part 8: \$ 0.00 55. Part 1: Total real estate, line 2 \$ 500.00 56. Part 2: Total vehicles, line 5 \$ 2,750.00 57. Part 3: Total personal and household items, line 15 58. Part 4: Total financial assets, line 36 \$ 2,000.00 59. Part 5: Total business-related property, line 45 \$ 0.00 \$ 0.00 60. Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 \$ 0.00

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| Fill in this information to identify your case: |                        |                                   |                  |  |  |  |
|---|------------------------|-----------------------------------|------------------|--|--|--|
| Debtor 1  | Coretta                | Elaine                            | Burgess          |  |  |  |
|   | First Name             | Middle Name                       | Last Name        |  |  |  |
| Debtor 2  |                        |                                   |                  |  |  |  |
| (Spouse, if filing)                             | First Name             | Middle Name                       | Last Name        |  |  |  |
| United States                                   | Bankruptcy Court for t | he: <u>NORTHERN</u> District of _ | ILLINOIS (State) |  |  |  |
| Case Number                                     | r                      |                                   |                  |  |  |  |
| (If known)                                      |                        |                                   |                  |  |  |  |

# Official Form 106C

### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions-such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identif            | y the Property You Claim as Exempt   | t .                                  |   |                                    |
|----------------------------|--|--------------------------------------|---|------------------------------------|
| Which set of ex            | emptions are you claiming? Chec  | k one only, even if your sp          | ouse is filing with you.  |                                    |
| You are clair              | ming state and federal nonbankrupt   | cy exemptions . 11 U.S.C.            | § 522(b)(3)   |                                    |
| You are claim              | ming federal exemptions. 11 U.S.C.   | § 522(b)(2)                          |   |                                    |
|                            |  |                                      |   |                                    |
| For any propert            | y you list on <i>Schedule A/B</i> that yo  | ou claim as exempt, fill in          | the information below.  |                                    |
| •                          | on of the property and line on<br>hat lists this property                              | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption |
|                            |  | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                           |                                    |
| Brief description:         | 2005 Dodge Stratus with over 125,000 miles   | \$ <u>500</u>                        | \$ 2,400  | 735 ILCS 5/12-1001(c) - \$2,400.00 |
| Line from Schedule A/B:    | 03   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief<br>description:      | Furniture, linens, small appliances, Washer/dryer, Fridge, table & chairs, bedroom set | \$_2,100                             | <b>\$</b>   | 735 ILCS 5/12-1001(b) - \$2,100.00 |
| Line from Schedule A/B:    | <u>06</u>  |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief<br>description:      | Flat screen TV, cell phone   | \$ <u>350</u>                        | <b></b> \$  | 735 ILCS 5/12-1001(b) - \$350.00   |
| Line from<br>Schedule A/B: | <u>07</u>  |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief<br>description:      | Everyday clothes, winter coats, shoes, accessories                                     | \$ <u>100</u>                        | <u></u> \$  | 735 ILCS 5/12-1001(b) - \$100.00   |
| Line from<br>Schedule A/B: | 11   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
|                            |  |                                      |   |                                    |
| ficial Form 106C           | Record # 703323  | Schedule C: 1                        | The Property You Claim as Exempt                                | Page 1 of                          |

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Coretta Debtor 1

Elaine

Middle Name

Document

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Additional Page Part 2: Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption Schedule A/B 735 ILCS 5/12-1001(b) - \$100.00 Brief Costume description: \$ 100 Line from 100% of fair market value, up to 12 Schedule A/B: any applicable statutory limit 735 ILCS 5/12-1001(a) - \$100.00 Books, CDs, DVDs & Family Brief 100 description: Photos 100% of fair market value, up to Line from 14 Schedule A/B: any applicable statutory limit Brief Checking Account, Chase Bank, 735 ILCS 5/12-1001(b) - \$1,200.00 2,000.00 \$ 1,200 description: Line from 100% of fair market value, up to 17 Schedule A/B: any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$155,675? (Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? ☐ No ☐ Yes. 703323 Official Form 106C Record # Schedule C: The Property You Claim as Exempt Page 2 of 2

| Fill in this   | Caso 16<br>information to identi  | O6107 Do<br>ify your case:   |  | /24/16 Ento  | 8 of 58                              |  |  |   |
|--|---|--|--|--|--------------------------------------|--|--|---|
| Debtor 1   | Coretta   | Elaine   | Bu   | ırgess   |                                      |  |  |   |
| Debter 1   | First Name  | Middle Name  | Last N   | <del></del>  |                                      |  |  |   |
| Debtor 2   | -   |  |  | <del></del>  |                                      |  |  |   |
| (Spouse, if filing)  | First Name  | Middle Name  | Last N   | Vame   |                                      |  |  |   |
| United State   | es Bankruptcy Court for   | the : <u>NORTHERN</u>  | District of <u>ILLINOIS</u> (State   | te)  |                                      |  | _  |   |
| Case Numb  | er  |  |  | 2,   |                                      |  | Check if thi   |   |
| (If known)   |   |  |  |  |                                      |  | amended fi   | ling                                      |
| Official F   | <u>-orm 106D</u>  |  |  |  |                                      |  |  |   |
| chedul   | e D: Creditor   | s Who Have   | Claims Secu  | red by Proper  | tv                                   |  |  | 1:  |
|  |   |  | ,  | schedules. You have no   | thing else to rep                    | ort on this form.  |  |   |
| Part 1:  | ill in all of the inform  | ims  |  |  |                                      | ort on this form.  Column A                                      | Column A   | Column C                                  |
| Part 1:  2. List all s for each  | ecured claims. If a claim. If more than c   | reditor has more that one creditor has a pa  | an one secured claim, lis<br>articular claim, list the ot<br>al order according to the   | st the creditor separate   |                                      |  | Column A  Value of collateral that supports this claim | Column C<br>Unsecure<br>portion<br>If any |
| Part 1:  2. List all s for each  | ecured claims. If a claim. If more than claim as possible, list the   | reditor has more that one creditor has a pa  | an one secured claim, lis<br>articular claim, list the ot<br>al order according to the   | st the creditor separate   | ly                                   | Column A  Amount of claim  Do not deduct the                     | Value of collateral that supports this                 | Unsecure portion                          |
| 2. List all s for each As much   | ecured claims. If a claim. If more than cas possible, list the  | ereditor has more that one creditor has a paclaims in alphabetical                                     | an one secured claim, lis<br>articular claim, list the ot<br>al order according to the<br>Describe the proper  | st the creditor separate<br>ther creditors in Part 2.<br>e creditors name.   | ly<br>n:                             | Column A  Amount of claim  Do not deduct the value of collateral | Value of collateral<br>that supports this<br>claim     | Unsecure<br>portion<br>If any             |
| 2. List all s for each As much   | ecured claims. If a claim. If more than claim as possible, list the claim shame   | ereditor has more that one creditor has a paclaims in alphabetical                                     | an one secured claim, lis<br>articular claim, list the ot<br>al order according to the<br>Describe the proper  | ist the creditor separate<br>ther creditors in Part 2.<br>e creditors name.<br>rty that secures the clair  | ly<br>n:                             | Column A  Amount of claim  Do not deduct the value of collateral | Value of collateral<br>that supports this<br>claim     | Unsecure<br>portion<br>If any             |
| 2. List all s for each As much  2.1 CNAC  Creditor 575 S   | ecured claims. If a claim. If more than claim as possible, list the claim shame   | ereditor has more that one creditor has a paclaims in alphabetical                                     | an one secured claim, lis articular claim, list the ot al order according to the Describe the proper 2005 Dodge Stratus  | ist the creditor separate<br>ther creditors in Part 2.<br>e creditors name.<br>rty that secures the clair  | ly<br>n:<br>es                       | Column A  Amount of claim  Do not deduct the value of collateral | Value of collateral<br>that supports this<br>claim     | Unsecure<br>portion<br>If any             |
| 2. List all s for each As much  2.1 CNAC  Creditor 575 S   | ecured claims. If a claim. If more than claim as possible, list the claim shame agamore Parkway Screet  | ereditor has more that one creditor has a paclaims in alphabetical                                     | an one secured claim, lis articular claim, list the ot al order according to the Describe the proper 2005 Dodge Stratus  As of the date you fi   | ist the creditor separate<br>ther creditors in Part 2.<br>e creditors name.<br>rty that secures the clair<br>s with over 125,000 mil   | ly<br>n:<br>es                       | Column A  Amount of claim  Do not deduct the value of collateral | Value of collateral<br>that supports this<br>claim     | Unsecure<br>portion<br>If any             |
| 2. List all s for each As much 2.1 CNAC Creditor 575 S Number  | ecured claims. If a claim. If more than claim as possible, list the claim shame agamore Parkway Screet  | ereditor has more that one creditor has a pactains in alphabetical country.                            | an one secured claim, lis articular claim, list the ot al order according to the Describe the proper 2005 Dodge Stratus  | ist the creditor separate<br>ther creditors in Part 2.<br>e creditors name.<br>rty that secures the clair<br>s with over 125,000 mil   | ly<br>n:<br>es                       | Column A  Amount of claim  Do not deduct the value of collateral | Value of collateral<br>that supports this<br>claim     | Unsecure<br>portion<br>If any             |
| 2. List all s for each As much  2.1 CNAC  Creditor  575 S  Number  Lafaye  | ecured claims. If a claim. If more than claim as possible, list the claim shame agamore Parkway Screet  | creditor has more that one creditor has a particular in alphabetical courts.  IN 47905  State Zip Code | an one secured claim, list the ot all order according to the Describe the proper 2005 Dodge Stratus  As of the date you first Contingent Unliquidated  | ist the creditor separate<br>ther creditors in Part 2.<br>e creditors name.<br>rty that secures the clain<br>s with over 125,000 mil   | ly<br>n:<br>es                       | Column A  Amount of claim  Do not deduct the value of collateral | Value of collateral<br>that supports this<br>claim     | Unsecure<br>portion<br>If any             |
| 2. List all s for each As much 2.1 CNAC Creditor 575 S Number City Who own   | ecured claims. If a claim. If more than claim. If more than claims possible, list the claims as possible, list the claims. Shame agamore Parkway Screet   | creditor has more that one creditor has a particular in alphabetical courts.  IN 47905  State Zip Code | an one secured claim, list articular claim, list the of all order according to the Describe the proper 2005 Dodge Stratus  As of the date you first Contingent Unliquidated Disputed  Nature of Lien. Chee   | ist the creditor separate<br>ther creditors in Part 2.<br>e creditors name.<br>rty that secures the clain<br>s with over 125,000 mil   | n:<br>es                             | Column A  Amount of claim  Do not deduct the value of collateral | Value of collateral<br>that supports this<br>claim     | Unsecure<br>portion<br>If any             |
| 2. List all s for each As much 2.1 CNAC Creditor 575 S Number City  Who ow   | ecured claims. If a claim. If more than claim. If more than claims as possible, list the claims as possible, list the claims. Shame agamore Parkway Some Street.  | creditor has more that one creditor has a particular in alphabetical courts.  IN 47905  State Zip Code | an one secured claim, list articular claim, list the of all order according to the Describe the proper 2005 Dodge Stratus  As of the date you first Contingent Unliquidated Disputed  Nature of Lien. Chee   | ist the creditor separate ther creditors in Part 2. e creditors name.  rty that secures the claims with over 125,000 miles. Check and that apply.  | n:<br>es                             | Column A  Amount of claim  Do not deduct the value of collateral | Value of collateral<br>that supports this<br>claim     | Unsecure<br>portion<br>If any             |
| 2.1 List all s for each As much 2.1 CNAC Creditor 575 S Number City  Who owe Debte Debte Control of the control | ecured claims. If a claim. If more than claim. If more than claims as possible, list the claims as possible, list the claims. If a claim is share agamore Parkway Screet Street.  | creditor has more that one creditor has a particular in alphabetical courts.  IN 47905  State Zip Code | an one secured claim, list articular claim, list the of all order according to the Describe the proper 2005 Dodge Stratus  As of the date you first Contingent Unliquidated Disputed  Nature of Lien. Check An agreement you car loan)   | ist the creditor separate ther creditors in Part 2. e creditors name.  rty that secures the claims with over 125,000 miles. Check and that apply.  | ly  n: es all that apply.            | Column A  Amount of claim  Do not deduct the value of collateral | Value of collateral<br>that supports this<br>claim     | Unsecure<br>portion<br>If any             |
| 2.1 CNAC  Creditor 575 S  Number  Lafaya City  Who ow Debtc Debtc  | ecured claims. If a claim. If more than claim. If more than claims as possible, list the claims as possible, list the claims. If a claim is shared agamore Parkway So Street.   | creditor has more that one creditor has a paclaims in alphabetical courth  IN 47905 State Zip Code e.  | an one secured claim, lis articular claim, list the of all order according to the Describe the proper 2005 Dodge Stratus  As of the date you fit Contingent Unliquidated Disputed  Nature of Lien. Check An agreement you car loan)  Statutory lien (suct Under Stratutory lien (suct Unique Stratutory lien from Stratutory lien fr | st the creditor separate ther creditors in Part 2. e creditors name.  The that secures the claims with over 125,000 miles with over 125,000 miles. Check a control of the claim is: Check and that apply. It made (such as mortgage that as tax lien, mechanic's lim a lawsuit                   | n: es all that apply. or secured en) | Column A  Amount of claim  Do not deduct the value of collateral | Value of collateral<br>that supports this<br>claim     | Unsecure<br>portion<br>If any             |
| 2.1 List all s for each As much 2.1 CNAC Creditor 575 S Number City  Who ow Debto Debto At lea   | ecured claims. If a claim. If more than claim. If more than claims as possible, list the claims as possible, list the claims. If a claim is some agamore Parkway Some street.  Street  ette  est the debt? Check on ar 1 only ar 2 only ar 1 and Debtor 2 only ar 2 only ar 1 and Debtor 2 only ar 2 only ar 1 and Debtor 2 only ar 2 only ar 2 only ar 3 only ar 3 only ar 3 only ar 4 only ar | creditor has more that one creditor has a paclaims in alphabetical courth  IN 47905 State Zip Code e.  | an one secured claim, lis articular claim, list the of all order according to the Describe the proper 2005 Dodge Stratus  As of the date you fit Contingent Unliquidated Disputed  Nature of Lien. Check An agreement you car loan)  Statutory lien (suct Under Stratutory lien (suct Unique Stratutory lien from Stratutory lien fr | st the creditor separate ther creditors in Part 2. e creditors name.  Ty that secures the claims with over 125,000 miles with over 125,000 miles. Check a claim is: Check a claim is: Check a claim is: Check a claim is: check all that apply.  If made (such as mortgage check all that apply. | n: es all that apply. or secured en) | Column A  Amount of claim  Do not deduct the value of collateral | Value of collateral<br>that supports this<br>claim     | Unsecure<br>portion<br>If any             |

| Fill in  | this inf   | Caso 16 06107<br>Formation to identify your case   |   | Filod 02/24/16  | Entered 02/24/16 14:02<br>9 of 58   | 2:50                                | Desc Main                 |             |
|--|--|--|---|---|---|-------------------------------------|---------------------------|-------------|
|  |  | ormation to lacinity your case   | •   |   | 9 01 58   |                                     |                           |             |
| Debto  | or 1   | Coretta E  | laine   | Burgess   | -   |                                     |                           |             |
|  |  | First Name Mid   | ddle Name   | Last Name   |   |                                     |                           |             |
| Debto  | or 2<br>e, if filing)                                      | First Name Mid   | ddle Name   | Last Name   | -   |                                     |                           |             |
|  |  |  |   |   |   |                                     |                           |             |
| Unite  | d States E   | Bankruptcy Court for the : <u>NORTI</u>  | HERN_ Distric   | ct of <u>ILLINOIS</u><br>(State)  |   |                                     | Па                        |             |
| Case<br>(If knd                                    | Number .   |  |   |   |   |                                     | <del></del>               | this is an  |
| -  |  | 400=1=   |   |   |   |                                     | amended                   | d filing    |
| Offic  | ial Fo   | orm 106E/F   |   |   |   |                                     |                           |             |
| che  | dule   | E/F: Creditors Who   | Have l  | <b>Unsecured Claims</b>   | 5   |                                     |                           | 12/15       |
| ist the (<br>/ <i>B: Pro</i><br>reditors<br>eeded, | other pa<br>perty (C<br>s with pa<br>copy the<br>ny additi | orty to any executory contracts<br>Official Form 106A/B) and on S<br>artially secured claims that are      | s or unexpire<br>chedule G: Le<br>listed in Sc<br>nber the entr<br>and case nur | ed leases that could result in<br>Executory Contracts and Un<br>chedule D: Creditors Who Haries in the boxes on the left. | ns and Part 2 for creditors with NONPRIC  a claim. Also list executory contracts or  expired Leases (Official Form 106G). Do  ave Claims Secured by Property. If more  Attach the Continuation Page to this pag | n Schedul<br>not includ<br>space is | le                        |             |
|  | U#   |  |   |   |   |                                     |                           |             |
| _  | -  | litors have priority unsecured   | claims agair  | nst you?  |   |                                     |                           |             |
| =  |  | to Part 2.   |   |   |   |                                     |                           |             |
|  |  |  | I£ = ====di4===1  | h   | secured claim, list the creditor separately f   | l                                   | aim Fan                   |             |
| eac<br>non<br>uns                                  | h claim I<br>priority a<br>ecured c                        | isted, identify what type of clain<br>amounts. As much as possible,<br>claims, fill out the Continuation F | n it is. If a cla<br>list the claim:<br>Page of Part                            | im has both priority and nong<br>s in alphabetical order accord<br>1. If more than one creditor h                         | priority amounts, list that claim here and sho<br>ling to the creditor's name. If you have mor<br>olds a particular claim, list the other credito   | ow both pr<br>re than two           | riority and<br>o priority |             |
| (FOI   | ап ехрі  | lanation of each type of claim, s  | ee me msuu  | ctions for this form in the inst  | •   | l claim                             | Priority                  | Nonpriority |
|  | <b>.</b>   | ist All of Your NONPRIORITY Un   | occurred Clair  |   |   |                                     | amount                    | amount      |
| Part 2   | 2#   | ist All of Your NONPRIORITY On   | secured Clair   | ms  |   |                                     |                           |             |
| 3. <b>Do</b> a                                     | any cred   | litors have nonpriority unsecu   | red claims a  | gainst you?   |   |                                     |                           |             |
|  | No. You  | u have nothing to report in this p   | oart. Submit  | this form to the court with you   | ur other schedules.   |                                     |                           |             |
|  | Yes.   |  |   |   |   |                                     |                           |             |
| non<br>incli                                       | priority u<br>uded in F                                    | unsecured claim, list the creditor<br>Part 1. If more than one creditor                                    | r separately f<br>holds a part  | for each claim. For each clain  | tor who holds each claim. If a creditor has<br>n listed, identify what type of claim it is. Do<br>ditors in Part 3.If you have more than three  | not list cla                        | aims already              |             |
| claii  | ms fill ou   | it the Continuation Page of Part   | 2.  |   |   |                                     |                           | Total claim |
| 4.1  | Accepta  | nce NOW  | _ La  | ast 4 digits of account numbe   | r <u>2844</u>   |                                     |                           | \$ 3,852.00 |
|  | Creditor's N<br>5501 He                                    | <sub>lame</sub><br>adquarters Dr   | _ w   | /hen was the debt incurred?   | 2015-2016   |                                     |                           |             |
|  | Number   | Street   |   |   |   |                                     |                           |             |
| -  |  |  | _ A   | s of the date you file, the clair   | n is: Check all that apply.   |                                     |                           |             |
| ı  | Plano  | TX 75024   | ,   | Contingent  |   |                                     |                           |             |
|  | City   | State Zip Co   | de L  | Unliquidated Disputed   |   |                                     |                           |             |
| Wi   | Debtor 1   | the debt? Check one.   | L   |   |   |                                     |                           |             |
| F  | Debtor 2   | •  | Ty  | ype of NONPRIORITY unsecu   | red claim:  |                                     |                           |             |
| F  | ī  | and Debtor 2 only  | Ë   | Student loans   |   |                                     |                           |             |
|  | ;  | one of the debtors and another   |   | Obligations arising out of a sep  | aration agreement or divorce  |                                     |                           |             |
|  |  | f this claim relates to a  | _   | that you did not report as priori   |   |                                     |                           |             |
| le :   |  | nity debt<br>n subject to offest?  | L   | Debts to pension or profit-shari  | ng plans, and other similar debts   |                                     |                           |             |
|  | No   | . Subject to Oliest:   |   | Other. Specify Housing/Re   | ental/Lease   |                                     |                           |             |
|  | Yes  |  |   | other. Specify  |   |                                     |                           |             |

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| 4.2 AFNI       |                              | Last 4 digits of account number                                   | \$ <u>900.00</u>   |
|----------------|------------------------------|---|--------------------|
| Creditor's Nam | ne                           |   |                    |
| PO Box 30      | 097                          | When was the debt incurred? 2014                                  |                    |
| Number         | Street                       |   |                    |
|                |                              |   |                    |
|                |                              | As of the date you file, the claim is: Check all that apply.      |                    |
|                |                              | Contingent  |                    |
| Bloomingto     | on IL 61702                  | Unliquidated  |                    |
| City           | State Zip Code               |   |                    |
| Who owes the   | e debt? Check one.           | Disputed  |                    |
| Debtor 1 or    | nlv                          |   |                    |
| Debtor 2 or    | •                            | Type of NONPRIORITY unsecured claim:                              |                    |
| _ =            |                              |   |                    |
| Debtor 1 ar    | nd Debtor 2 only             | Student loans   |                    |
| At least one   | e of the debtors and another | Obligations arising out of a separation agreement or divorce      |                    |
| ☐Check if t    | his claim relates to a       | that you did not report as priority claims                        |                    |
| communit       |                              | Debts to pension or profit-sharing plans, and other similar debts |                    |
|                | subject to offest?           |   |                    |
| No             |                              | Barra Boht Owed   |                    |
| _ =            |                              | Other. Specify Debt Owed  |                    |
| Yes            | h Loans                      |   | <b>\$</b> 2,000.00 |
| 4.3 AmeriCash  |                              | Last 4 digits of account number                                   | \$_2,000.00        |
| Creditor's Nam |                              | 2014  |                    |
| 880 Lee St     | t., Ste. 302                 | When was the debt incurred? 2014                                  |                    |
| Number         | Street                       |   |                    |
|                |                              |   |                    |
|                |                              | As of the date you file, the claim is: Check all that apply.      |                    |
|                |                              | Contingent  |                    |
| Des Plaine     | es IL 60016                  | Unliquidated  |                    |
| City           | State Zip Code               | Disputed  |                    |
| Who owes the   | e debt? Check one.           | Disputed  |                    |
| Debtor 1 or    | nly                          |   |                    |
| Debtor 2 or    | nly                          | Type of NONPRIORITY unsecured claim:                              |                    |
| _ =            | nd Debtor 2 only             | Student loans   |                    |
|                | •                            |   |                    |
| At least one   | e of the debtors and another | Obligations arising out of a separation agreement or divorce      |                    |
| Check if t     | his claim relates to a       | that you did not report as priority claims                        |                    |
| communit       | ty debt                      | Debts to pension or profit-sharing plans, and other similar debts |                    |
| Is the claim s | subject to offest?           |   |                    |
| No             |                              | Other. Specify PayDay Loan  |                    |
| □Yes           |                              | outon oposity   |                    |
| 4.4 Bank of Ar | merica                       | Last 4 digits of account number                                   | <b>\$</b> 3,500.00 |
| Creditor's Nam | <del></del>                  |   | <del>*</del>       |
| PO Box 15      |                              | When was the debt incurred? 2014                                  |                    |
|                |                              | The tile dest incurred:   |                    |
| Number         | Street                       |   |                    |
|                |                              | As of the date you file, the claim is: Check all that apply.      |                    |
|                |                              | Contingent  |                    |
| Wilmingtor     | n DE 19850                   |   |                    |
| City           | State Zip Code               | Unliquidated  |                    |
|                | e debt? Check one.           | Disputed  |                    |
|                |                              | <del>_</del>  |                    |
| Debtor 1 or    |                              |   |                    |
| Debtor 2 or    | nly                          | Type of NONPRIORITY unsecured claim:                              |                    |
| Debtor 1 ar    | nd Debtor 2 only             | Student loans   |                    |
| At least one   | e of the debtors and another | Obligations arising out of a separation agreement or divorce      |                    |
|                |                              | that you did not report as priority claims                        |                    |
| _              | his claim relates to a       |   |                    |
| communit       | -                            | Debts to pension or profit-sharing plans, and other similar debts |                    |
| _              | subject to offest?           | _   |                    |
| No             |                              | Other. Specify Overdraft Account                                  |                    |
| Yes            |                              |   |                    |

Record # 703323

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| 4.5 Capital ONE BANK USA N                        | Last 4 digits of account number _      | NULL                           | <b>\$</b> 277.00 |
|---|--|--------------------------------|------------------|
| Creditor's Name                                   |  |                                |                  |
| 15000 Capital One Dr                              | When was the debt incurred?            | 2014-2015                      |                  |
| Number Street                                     |  |                                |                  |
|   | As of the date you file, the claim is  | s: Check all that apply.       |                  |
|   | Contingent                             | ,                              |                  |
| Richmond VA 23238                                 | Unliquidated                           |                                |                  |
| City State Zip Code                               | Disputed                               |                                |                  |
| Who owes the debt? Check one.                     |  |                                |                  |
| Debtor 1 only                                     |  |                                |                  |
| Debtor 2 only                                     | Type of NONPRIORITY unsecured          | claim:                         |                  |
| Debtor 1 and Debtor 2 only                        | Student loans                          |                                |                  |
| At least one of the debtors and another           | Obligations arising out of a separa    | •                              |                  |
| Check if this claim relates to a                  | that you did not report as priority of |                                |                  |
| community debt Is the claim subject to offest?    | Debts to pension or profit-sharing     | plans, and other similar debts |                  |
| No  | Other. Specify Credit Card or          | · Credit Use                   |                  |
| Yes   | Other. Specify                         | oreal ese                      |                  |
| 4.6 FBCS  | Last 4 digits of account number _      | 7446                           | <b>\$</b> 478.00 |
| Creditor's Name                                   |  |                                |                  |
| 330 S Warminster Rd Ste                           | When was the debt incurred?            | 2015-2015                      |                  |
| Number Street                                     |  |                                |                  |
|   | As of the date you file, the claim is  | s: Check all that apply.       |                  |
|   | Contingent                             |                                |                  |
| Hatboro PA 19040                                  | Unliquidated                           |                                |                  |
| City State Zip Code Who owes the debt? Check one. | Disputed                               |                                |                  |
| Debtor 1 only                                     |  |                                |                  |
| Debtor 2 only                                     | Type of NONPRIORITY unsecured          | claim:                         |                  |
| Debtor 1 and Debtor 2 only                        | Student loans                          | ciaiii.                        |                  |
| At least one of the debtors and another           | Obligations arising out of a separa    | ation agreement or divorce     |                  |
| Check if this claim relates to a                  | that you did not report as priority of |                                |                  |
| community debt                                    | Debts to pension or profit-sharing     |                                |                  |
| Is the claim subject to offest?                   |  |                                |                  |
| No  | Other. Specify Medical Debt            |                                |                  |
| Yes   |  |                                |                  |
| 4.7 FBCS  | Last 4 digits of account number _      | 7443                           | \$ <u>790.00</u> |
| Creditor's Name                                   | Miles a supplet to delet in account 2  | 2015-2015                      |                  |
| 330 S Warminster Rd Ste                           | When was the debt incurred?            | 2010 2010                      |                  |
| Number Street                                     |  |                                |                  |
|   | As of the date you file, the claim is  | 3: Check all that apply.       |                  |
| Hatboro PA 19040                                  | Contingent                             |                                |                  |
| City State Zip Code                               | Unliquidated                           |                                |                  |
| Who owes the debt? Check one.                     | Disputed                               |                                |                  |
| Debtor 1 only                                     |  |                                |                  |
| Debtor 2 only                                     | Type of NONPRIORITY unsecured          | claim:                         |                  |
| Debtor 1 and Debtor 2 only                        | Student loans                          |                                |                  |
| At least one of the debtors and another           | Obligations arising out of a separa    | ition agreement or divorce     |                  |
| Check if this claim relates to a                  | that you did not report as priority c  | alaims                         |                  |
| community debt                                    | Debts to pension or profit-sharing     | plans, and other similar debts |                  |
| Is the claim subject to offest?                   | _                                      |                                |                  |
| No  | Other. SpecifyMedical Debt             |                                |                  |

Case 16-06107 Doc 1 Page 22 of 58 Case Number (if known) **ը**ջշչչment Coretta Elaine Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** 

| 4.8  | First Premier BANK                                 | Last 4 digits of account number           | NULL                         | \$ <u>457.00</u> |
|------|--|---|------------------------------|------------------|
|      | Creditor's Name                                    |   | 2014 2014                    |                  |
|      | 601 S Minnesota Ave                                | When was the debt incurred?               | 2014-2014                    |                  |
|      | Number Street                                      |   |                              |                  |
|      |  | As of the date you file, the claim is:    | Check all that apply.        |                  |
|      | a. a   | Contingent                                |                              |                  |
|      | Sioux Falls SD 57104                               | Unliquidated                              |                              |                  |
| Ι,   | City State Zip Code  Who owes the debt? Check one. | Disputed                                  |                              |                  |
|      | Debtor 1 only                                      | _   |                              |                  |
|      | Debtor 2 only                                      | Type of NONPRIORITY unsecured c           | laim:                        |                  |
|      | Debtor 1 and Debtor 2 only                         | Student loans                             | •                            |                  |
|      | At least one of the debtors and another            | Obligations arising out of a separation   | on agreement or divorce      |                  |
|      | Check if this claim relates to a                   | that you did not report as priority cla   | ims                          |                  |
| '    | community debt                                     | Debts to pension or profit-sharing pla    | ans, and other similar debts |                  |
| !    | s the claim subject to offest?                     | _   |                              |                  |
|      | No   | Other. Specify Credit Card or C           | Credit Use                   |                  |
|      | Yes Constant Park                                  |   |                              | . 200 00         |
| 4.9  | Guaranty Bank                                      | Last 4 digits of account number           |                              | <u>\$ 200.00</u> |
|      | Creditor's Name 161 W. Wisconsin Ave.              | When was the debt incurred?               | 2014                         |                  |
|      | Number Street                                      | whom was the asst meaned.                 |                              |                  |
|      | Number Street                                      |   |                              |                  |
|      |  | As of the date you file, the claim is:    | Check all that apply.        |                  |
|      | Milwaukee WI 53203                                 | Contingent                                |                              |                  |
|      | City State Zip Code                                | Unliquidated                              |                              |                  |
| '    | Who owes the debt? Check one.                      | Disputed                                  |                              |                  |
|      | Debtor 1 only                                      |   |                              |                  |
|      | Debtor 2 only                                      | Type of NONPRIORITY unsecured of          | laim:                        |                  |
|      | Debtor 1 and Debtor 2 only                         | Student loans                             |                              |                  |
|      | At least one of the debtors and another            | Obligations arising out of a separation   |                              |                  |
|      | Check if this claim relates to a                   | that you did not report as priority cla   |                              |                  |
| Ι.   | community debt s the claim subject to offest?      | Debts to pension or profit-sharing pl     | ans, and other similar debts |                  |
|      | No   | Other, Specify Overdraft Accou            | int                          |                  |
|      | Yes  | Other. Specify Overdraft Accou            | <u> </u>                     |                  |
| 4.10 | Illinois Dept Human Services                       | Last 4 digits of account number           |                              | \$ 2,000.00      |
|      | Creditor's Name                                    |   |                              |                  |
|      | 823 E. Monroe St.                                  | When was the debt incurred?               | 2015                         |                  |
|      | Number Street                                      |   |                              |                  |
|      |  | As of the date you file, the claim is:    | Check all that apply.        |                  |
|      |  | Contingent                                |                              |                  |
|      | Springfield IL 62794                               | Unliquidated                              |                              |                  |
| Ι,   | City State Zip Code  Who owes the debt? Check one. | Disputed                                  |                              |                  |
|      | Debtor 1 only                                      | _   |                              |                  |
|      | Debtor 2 only                                      | Type of NONPRIORITY unsecured c           | laim:                        |                  |
|      | Debtor 1 and Debtor 2 only                         | Student loans                             | •                            |                  |
|      | At least one of the debtors and another            | Obligations arising out of a separation   | on agreement or divorce      |                  |
|      | Check if this claim relates to a                   | that you did not report as priority cla   |                              |                  |
| '    | community debt                                     | Debts to pension or profit-sharing plants |                              |                  |
| !    | s the claim subject to offest?                     |   |                              |                  |
|      | No   | Other. Specify                            |                              |                  |
|      | Yes  |   |                              |                  |

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Your NONPRIORITY Unsecured Claims - Continuation Page

| After lis       | sting any entries on this page, number them be     | eginning with 4.4, followed by 4.5, and so forth.                 | Total Claim         |
|-----------------|--|---|---------------------|
| 4.11            | National Account Service                           | Last 4 digits of account number                                   | \$_394.00           |
|                 | Creditor's Name                                    | When was the debt incurred? 2014                                  |                     |
|                 | 1246 W University Ave #421                         | which was the dept lifetified?                                    |                     |
|                 | Number Street                                      |   |                     |
|                 |  | As of the date you file, the claim is: Check all that apply.      |                     |
|                 | Ocial Poul   | Contingent  |                     |
|                 | Saint Paul MN 55104                                | Unliquidated  |                     |
| v               | City State Zip Code  Who owes the debt? Check one. | Disputed  |                     |
| Г               | Debtor 1 only                                      | <del>-</del>  |                     |
| Ī               | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                     |
| l ř             | Debtor 1 and Debtor 2 only                         | Student loans   |                     |
|                 | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                     |
|                 | Check if this claim relates to a                   | that you did not report as priority claims                        |                     |
| -               | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                     |
| Is              | s the claim subject to offest?                     |   |                     |
|                 | No   | Other. Specify Collecting for Creditor                            |                     |
|                 | Yes  |   |                     |
| 4.12            | Navient  | Last 4 digits of account number 0901                              | <b>\$</b> 14,956.00 |
|                 | Creditor's Name                                    | 2000 2045   |                     |
|                 | Po Box 9500  | When was the debt incurred? 2006-2015                             |                     |
|                 | Number Street                                      |   |                     |
|                 |  | As of the date you file, the claim is: Check all that apply.      |                     |
|                 |  | Contingent  |                     |
|                 | Wilkes Barre PA 18773                              | Unliquidated  |                     |
| ١.,             | City State Zip Code  Who owes the debt? Check one. | Disputed  |                     |
| \ \ \ \ \ \ \ \ |  |   |                     |
|                 | Debtor 1 only                                      |   |                     |
|                 | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                     |
|                 | Debtor 1 and Debtor 2 only                         | Student loans   |                     |
|                 | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                     |
| L               | Check if this claim relates to a                   | that you did not report as priority claims                        |                     |
|                 | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                     |
| IS              | s the claim subject to offest?                     | _   |                     |
| 1 7             | No Tv  | Other. Specify  |                     |
| 4.12            | Yes Northwest Collectors                           | Last 4 digits of account number 2370                              | <b>\$</b> 105.00    |
| 4.13            | Creditor's Name                                    | Last 4 digits of account number                                   | <u> </u>            |
|                 | 3601 Algonquin Rd Ste 23                           | When was the debt incurred? 2010-2010                             |                     |
|                 | Number Street                                      |   |                     |
|                 |  | As of the date you file the plains in Chester II that such        |                     |
|                 |  | As of the date you file, the claim is: Check all that apply.      |                     |
|                 | Rolling Meadows IL 60008                           | Contingent  |                     |
|                 | City State Zip Code                                | Unliquidated  |                     |
| v               | Who owes the debt? Check one.                      | Disputed  |                     |
|                 | Debtor 1 only                                      |   |                     |
|                 | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                     |
| Ī               | Debtor 1 and Debtor 2 only                         | Student loans   |                     |
|                 | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                     |
| 7               | Check if this claim relates to a                   | that you did not report as priority claims                        |                     |
| -               | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                     |
| Is              | s the claim subject to offest?                     | <u> </u>  |                     |
|                 | No   | Other. Specify Medical Debt                                       |                     |
|                 | Yes  |   |                     |

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Your NONPRIORITY Unsecured Claims - Continuation Page

| After lis | sting any entries on this page, number them be     | eginning with 4.4, followed by 4.5, and so forth.                  | Total Claim       |
|-----------|--|--|-------------------|
| 4.14      | Pinnacle Credit Services                           | Last 4 digits of account number                                    | <b>\$</b> _150.00 |
|           | Creditor's Name                                    | 2040   |                   |
|           | PO Box 640   | When was the debt incurred? 2013                                   |                   |
|           | Number Street                                      |  |                   |
|           |  | As of the date you file, the claim is: Check all that apply.       |                   |
|           |  | Contingent   |                   |
|           | Hopkins MN 55343                                   | Unliquidated   |                   |
| ١ ,       | City State Zip Code  Vho owes the debt? Check one. | Disputed   |                   |
| Ϊ́        | Debtor 1 only                                      |  |                   |
|           | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                               |                   |
|           | Debtor 1 and Debtor 2 only                         | Student loans  |                   |
| F         | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce       |                   |
| }         |  | that you did not report as priority claims                         |                   |
| 4         | Check if this claim relates to a community debt    | Debts to pension or profit-sharing plans, and other similar debts  |                   |
| ls        | s the claim subject to offest?                     | Debts to pension of profit-shalling plans, and other shallar debts |                   |
|           | No   | Other. Specify Credit Extended to Debtor(s)                        |                   |
|           | Yes  | Curon Opcomy   |                   |
| 4.15      | Progressive Insurance                              | Last 4 digits of account number                                    | \$ <u>200.00</u>  |
|           | Creditor's Name                                    | When was the debt incurred? 2014                                   |                   |
|           | 6300 Wilson Mills Rd                               | When was the debt incurred? 2014                                   |                   |
|           | Number Street                                      |  |                   |
|           |  | As of the date you file, the claim is: Check all that apply.       |                   |
|           |  | Contingent   |                   |
|           | Mayfield Village OH 44143                          | Unliquidated   |                   |
| v         | City State Zip Code  Who owes the debt? Check one. | Disputed   |                   |
| İ         | Debtor 1 only                                      | _  |                   |
| l ř       | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                               |                   |
| F         | Debtor 1 and Debtor 2 only                         | Student loans  |                   |
| F         | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce       |                   |
|           | Check if this claim relates to a                   | that you did not report as priority claims                         |                   |
| -         | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts  |                   |
| ls        | s the claim subject to offest?                     |  |                   |
|           | No   | Other. Specify Services Rendered                                   |                   |
|           | Yes  |  |                   |
| 4.16      | Santander Consumer USA                             | Last 4 digits of account number 1000                               | \$ <u>0.00</u>    |
|           | Creditor's Name                                    | When was the debt incurred? 2008-12-30                             |                   |
|           | Po Box 961245                                      | When was the debt incurred? 2008-12-30                             |                   |
|           | Number Street                                      |  |                   |
|           |  | As of the date you file, the claim is: Check all that apply.       |                   |
|           | Ft Worth TX 76161                                  | Contingent   |                   |
|           |  | Unliquidated   |                   |
| v         | City State Zip Code  Vho owes the debt? Check one. | Disputed   |                   |
|           | Debtor 1 only                                      |  |                   |
| Ī         | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                               |                   |
|           | Debtor 1 and Debtor 2 only                         | Student loans  |                   |
|           | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce       |                   |
| }         | Check if this claim relates to a                   | that you did not report as priority claims                         |                   |
| -         | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts  |                   |
| ls ls     | s the claim subject to offest?                     |  |                   |
|           | No   | Other. Specify   |                   |
|           | Yes  | <del>-</del>   |                   |

Schedule E/F: Creditors Who Have Unsecured Claims

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| 4.17 | TCF National Bank                              | Last 4 digits of account number                                   | \$ <u>200.00</u>    |
|------|--|---|---------------------|
|      | Creditor's Name                                | 2014  |                     |
|      | PO Box 15137                                   | When was the debt incurred? 2014                                  |                     |
|      | Number Street                                  |   |                     |
|      |  | As of the date you file, the claim is: Check all that apply.      |                     |
|      |  | Contingent  |                     |
|      | Wilmington DE 19886-5137                       | Unliquidated  |                     |
| l .  | City State Zip Code                            | Disputed  |                     |
|      | Who owes the debt? Check one.                  | □   |                     |
|      | Debtor 1 only                                  |   |                     |
|      | Debtor 2 only                                  | Type of NONPRIORITY unsecured claim:                              |                     |
|      | Debtor 1 and Debtor 2 only                     | ☐ Student loans   |                     |
|      | At least one of the debtors and another        | Obligations arising out of a separation agreement or divorce      |                     |
|      | Check if this claim relates to a               | that you did not report as priority claims                        |                     |
|      | community debt Is the claim subject to offest? | Debts to pension or profit-sharing plans, and other similar debts |                     |
|      | No   | Cradit Card or Cradit Llag  |                     |
|      | Yes  | Other. Specify Credit Card or Credit Use                          |                     |
| 4.18 | The Laramar Group LLC                          | Last 4 digits of account number 3102                              | <b>\$</b> 1,259.00  |
| 7.10 | Creditor's Name                                |   |                     |
|      | 30 S. Wacker Drive                             | When was the debt incurred? 2011                                  |                     |
|      | Number Street                                  |   |                     |
|      |  | As of the date you file, the claim is: Check all that apply.      |                     |
|      |  | Contingent  |                     |
|      | Chicago IL 60606                               | Unliquidated  |                     |
|      | City State Zip Code                            |   |                     |
|      | Who owes the debt? Check one.                  | Disputed  |                     |
|      | Debtor 1 only                                  |   |                     |
|      | Debtor 2 only                                  | Type of NONPRIORITY unsecured claim:                              |                     |
|      | Debtor 1 and Debtor 2 only                     | Student loans   |                     |
|      | At least one of the debtors and another        | Obligations arising out of a separation agreement or divorce      |                     |
|      | Check if this claim relates to a               | that you did not report as priority claims                        |                     |
|      | community debt                                 | Debts to pension or profit-sharing plans, and other similar debts |                     |
|      | Is the claim subject to offest?                |   |                     |
|      | No Vac   | Other. Specify Residential Rental                                 |                     |
| 4.19 | US DEPT OF ED/Glelsi                           | Last 4 digits of account number 8581                              | <b>\$</b> 38,694.00 |
| 4.19 | Creditor's Name                                | Last 4 digits of account number                                   | <u> </u>            |
|      | Po Box 7860                                    | When was the debt incurred? 2012-2016                             |                     |
|      | Number Street                                  |   |                     |
|      |  | As of the date you file the claim is. Check all that analy        |                     |
|      |  | As of the date you file, the claim is: Check all that apply.      |                     |
|      | Madison WI 53707                               | Contingent  |                     |
|      | City State Zip Code                            | Unliquidated  |                     |
|      | Who owes the debt? Check one.                  | Disputed  |                     |
|      | Debtor 1 only                                  |   |                     |
|      | Debtor 2 only                                  | Type of NONPRIORITY unsecured claim:                              |                     |
|      | Debtor 1 and Debtor 2 only                     | Student loans   |                     |
|      | At least one of the debtors and another        | Obligations arising out of a separation agreement or divorce      |                     |
|      | Check if this claim relates to a               | that you did not report as priority claims                        |                     |
|      | community debt                                 | Debts to pension or profit-sharing plans, and other similar debts |                     |
|      | Is the claim subject to offest?                | _   |                     |
|      | No   | Other. Specify  |                     |
| 1    | Yes  |   |                     |

Official Form 106E/F

Case 16-06107 Doc 1 Filed 02/24/16 Entered 02/24/16 14:02:50 Desc Main Page 26 of 58 Case Number (if known) Document Coretta Debtor 1 First Name **\$** 150.00 Verizon Wireless 3980 4.20 Last 4 digits of account number Creditor's Name 2013-2013 Po Box 640 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Hopkins MN 55343 Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? Other. Specify <u>Unknown</u> Credit Extension List Others to Be Notified for a Debt That You Already Listed Part 3: 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Americash Loans On which entry in Part 1 or Part 2 list the original creditor? Name P.O. Box 184 Line \_\_1 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Number Des Plaines IL 60016 Last 4 digits of account number \_ City State Zip Code DuPage Law Magistrate On which entry in Part 1 or Part 2 list the original creditor? Line 2 of (Check one): Part 1: Creditors with Priority Unsecured Claims 505 N County Farm Part 2: Creditors with Nonpriority Unsecured Claims Number P.O. Box 707

Wheaton City

IL 60187

State Zip Code

Last 4 digits of account number \_\_\_\_ 3102\_\_\_\_

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Debtor 1 Coretta

Elaine

**Document** 

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Add the Amounts for Each Type of Unsecured Claim

| 6. Total the amounts of certain types of unsecured claims | . This information is for statistical reporting purposes only. 28 U.S.C. § 159. |
|---|---|
| Add the amounts for each type of unsecured claim.         |   |

|                          |  |            | Total claim             |
|--------------------------|--|------------|-------------------------|
| Total claims from Part 1 | 6a. Domestic support obligations   | 6a.        | \$0.00                  |
|                          | 6b. Taxes and Certain other debts you owe the government   | 6b.        | \$0.00                  |
|                          | 6c. Claims for death or personal injury while you were intoxicated   | 6c.        | \$0.00                  |
|                          | 6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.   | 6d.        | \$0.00                  |
|                          | 6e. <b>Total.</b> Add lines 6a through 6d.   | 6e.        | \$0.00                  |
|                          |  |            |                         |
|                          |  |            | Total claim             |
| Total claims from Part 2 | 6f. Student loans  | 6f.        | Total claim \$53,650.00 |
|                          | 6f. Student loans  6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims   | 6f.<br>6g. | 52.050.00               |
|                          | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority   |            | \$ 53,650.00            |
|                          | <ul> <li>6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>6h. Debts to pension or profit-sharing plans, and other</li> </ul> | 6g.        | \$\$53,650.00<br>\$0.00 |

|       |                          | Caso 16  | 06107 Doc 1 E   | ilod 02/24/16  | Entore           | 02/24/16 14:02:                | :50 Desc M          | ⁄lain                               |
|-------|--------------------------|--|---|--|------------------|--------------------------------|---------------------|-------------------------------------|
| Fi    | ll in this in            | formation to iden  | tify your case:   |  | 8                | of 58                          |                     |                                     |
| D     | ebtor 1                  | Coretta  | Elaine  | Burgess  | -                |                                |                     |                                     |
| D     | ebtor 2                  | First Name   | Middle Name   | Last Name  |                  |                                |                     |                                     |
|       | pouse, if filing)        | First Name   | Middle Name   | Last Name  | -                |                                |                     |                                     |
| U     | nited States             | Bankruptcy Court for   | r the : <u>NORTHERN</u> District of _                             |  |                  |                                |                     |                                     |
|       | ase Number<br>f known)   |  |   | (State)  |                  |                                |                     | neck if this is an<br>nended filing |
| Off   | icial Fo                 | orm 106G   |   |  |                  |                                |                     |                                     |
|       |                          |  | ory Contracts and   | Unexpired Lea  | ises             |                                |                     | 12/15                               |
| Be as | complete<br>mation. If n | and accurate as processing and accurate as processing and accurate as a second and accurate as a second and accurate as a second accurate accurate as a second accurate acc | possible. If two married people<br>ded, copy the additional page, | e are filing together, bot fill it out, number the e | h are equally r  |                                |                     |                                     |
|       |                          |  | e and case number (if known).<br>contracts or unexpired leases?   |  |                  |                                |                     |                                     |
|       | _                        |  | submit this form to the court with                                |  | ou have nothin   | g else to report on this form. |                     |                                     |
|       | _                        |  | nation below even if the contrac                                  |  |                  |                                |                     |                                     |
|       |                          |  |   |  |                  |                                |                     |                                     |
|       |                          |  | or company with whom you ha cell phone). See the instruction      |  |                  |                                |                     |                                     |
|       | nexpired le              |  | cen priorie). See the instruction                                 |  | i detion bookiet | of more examples of execu      | itory contracts and |                                     |
|       | Person or                | company with wh  | nom you have the contract or l                                    | ease   |                  | State what the contract of     | or lease is for     |                                     |
| 2.1   |                          |  |   |  |                  |                                |                     |                                     |
|       | Name                     |  |   |  | _                |                                |                     |                                     |
|       | Number                   | Street   |   |  | _                |                                |                     |                                     |
|       | City                     |  | State Zip   | Code   | _                |                                |                     |                                     |
| 2.2   |                          |  |   |  |                  |                                |                     |                                     |
|       | Name                     |  |   |  | _                |                                |                     |                                     |
|       | Number                   | Street   |   |  | _                |                                |                     |                                     |
|       | City                     |  | State Zip   | Code   | _                |                                |                     |                                     |
| 2.3   |                          |  |   |  |                  |                                |                     |                                     |
|       | Name                     |  |   |  | _                |                                |                     |                                     |
|       | Number                   | Street   |   |  | _                |                                |                     |                                     |
|       |                          |  |   |  | _                |                                |                     |                                     |
|       | City                     |  | State Zip   | Code   |                  |                                |                     |                                     |
| 2.4   |                          |  |   |  |                  |                                |                     |                                     |
|       | Name                     |  |   |  | _                |                                |                     |                                     |
|       | Number                   | Street   |   |  | _                |                                |                     |                                     |
|       |                          |  |   |  | _                |                                |                     |                                     |
|       | City                     |  | State Zip   | Code   |                  |                                |                     |                                     |
| 2.5   |                          |  |   |  | _                |                                |                     |                                     |
|       | Name                     |  |   |  | _                |                                |                     |                                     |
|       | Number                   | Street   |   |  |                  |                                |                     |                                     |
|       |                          |  |   |  |                  |                                |                     |                                     |

City

Official Form 106G

State Zip Code

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| Fill in this in     | nformation to ident  | ify your case:                      |           |
|---------------------|----------------------|-------------------------------------|-----------|
| Debtor 1            | Coretta              | Elaine                              | Burgess   |
|                     | First Name           | Middle Name                         | Last Name |
| Debtor 2            |                      |                                     |           |
| (Spouse, if filing) | First Name           | Middle Name                         | Last Name |
| United States       | Bankruptcy Court for | the : <u>NORTHERN</u> District of _ |           |
| Case Number         | r                    |                                     | (State)   |
| (If known)          |                      |                                     |           |

# Official Form 106H

Schedule H: Your Codebtors 12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| ally F | Auditio                               | onal Pages, write your name and         | u case number (ii known). Answ                                     | er every question.    |   |
|--------|---------------------------------------|---|--|-----------------------|---|
| 1. [   | Οο γοι                                | u have any codebtors? (If you ar        | re filing a joint case, do not list eit                            | her spouse as a codel | btor.)  |
|        | No                                    | ).                                      |  |                       |   |
|        | Ye                                    | es                                      |  |                       |   |
|        |                                       |   | I in a community property state<br>levada, New Mexico, Puerto Rico |                       | nity property states and territories include                        |
| '      |                                       | o. Go to line 3.                        | evada, New Mexico, Fuello Nico                                     | , rexas, washington,  | and wisconsin.)   |
|        | =                                     |   | ise, or legal equivalent live with yo                              | ou at the time?       |   |
| L      | ֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓ | No                                      |  |                       |   |
|        |                                       | Yes. Inwhich community state            | e or territory did you live?                                       | Fill in               | the name and current address of that person.                        |
|        |                                       |   |  | <del></del>           |   |
|        |                                       | Name of your spouse, former spouse or l | legal equivalent   |                       |   |
|        |                                       | Number Street                           |  |                       |   |
|        |                                       | City                                    | State  | Zip Code              |   |
|        |                                       | •                                       | • •  |                       | pouse is filing with you. List the person                           |
|        |                                       | =                                       |  | -                     | re you have listed the creditor on cial Form 106G). Use Schedule D, |
|        |                                       | lule E/F, or Schedule G to fill ou      |  | 0.00.00.00.00.00      |   |
|        | Colu                                  | umn 1: Your codebtor                    |  |                       | Column 2: The creditor to whom you owe the debt                     |
|        |                                       |   |  |                       | Check all schedules that apply:                                     |
| 3.1    |                                       |   |  |                       | Schedule D, line  |
|        | Nan                                   | ne                                      |  |                       | Schedule E/F, line  |
|        | Nur                                   | mber Street                             |  |                       | Schedule G, line  |
|        | City                                  | <i>I</i>                                | State  | Zip Code              | _   |
| 3.2    |                                       |   |  |                       | Schedule D, line  |
|        | Nan                                   | ne                                      |  |                       | Schedule E/F, line  |
|        | Nur                                   | mber Street                             |  |                       | Schedule G, line  |
|        | City                                  |   | State  | Zip Code              | _   |
| 3.3    |                                       |   |  |                       | Schedule D, line  |
|        | Nan                                   | ne                                      |  |                       | Schedule E/F, line  |
|        | Nur                                   | mber Street                             |  |                       | Schedule G, line  |
|        | City                                  | /                                       | State  | Zip Code              |   |

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| Fill in this in           | formation to iden    | tify your case:                   |           |  |
|---------------------------|----------------------|-----------------------------------|-----------|--|
| Debtor 1                  | Coretta              | Elaine                            | Burgess   |  |
| Debtor 2                  | First Name           | Middle Name                       | Last Name |  |
| (Spouse, if filing)       | First Name           | Middle Name                       | Last Name |  |
| United States             | Bankruptcy Court for | the : <u>NORTHERN DISTRICT OF</u> | FILLINOIS |  |
| Case Number<br>(If known) | r                    |                                   | _         |  |
|                           |                      |                                   |           |  |
|                           |                      |                                   |           |  |

Official Form 106I

MM / DD / YYYY

### **Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | art 1: Describe Employment   |   |                           |              |                                   |
|----|--|---|---------------------------|--------------|-----------------------------------|
| 1. | Fill in your employment information  |   | Debtor 1                  |              | Debtor 2 or non-filing spouse     |
|    | If you have more than one job, attach a separate page with information about additional employers. | Employment status   | X Employed Not employed   | 1            | Employed  Not employed            |
|    | Include part-time, seasonal, or self-employed work.  | Occupation  | Medical Assistan          | <u>.</u>     |                                   |
|    | Occupation may Include student or homemaker, if it applies.  | Employers name  | Ingalls Memorial          | Hospital     |                                   |
|    |  | Employers address   | ,                         |              | ,                                 |
|    |  |   |                           |              |                                   |
|    |  | How long employed there?  | 4 months                  |              |                                   |
| P  | art 2: Give Details About Month  | ly Income   |                           |              |                                   |
|    | spouse unless you are separated. If you or your non-filing spouse ha                               | he date you file this form. If you have more than one employer, combined, attach a separate sheet to this f | ine the information for a |              |                                   |
|    |  |   |                           | For Debtor 1 | For Debtor 2 or non-filing spouse |
| 2. |  | ry and commissions (before all parcall calculate what the monthly wage w                                    |                           | \$2,487.33   | \$0.00                            |
| 3. | Estimate and list monthly overti   | me pay.   |                           | \$0.00       | \$0.00                            |
| 4. | Calculate gross income. Add line   | e 2 + line 3.   |                           | \$2,487.33   | \$0.00                            |

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 Record # 703323
 Schedule I: Your Income
 Page 1 of 2

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Document Burgess Elaine Coretta Debtor 1 Case Number (if known) First Name Last Name

|             |                   |  |                                 | For Debtor 1             | For Debtor 2 or non-filing spouse | _                     |
|-------------|-------------------|--|---------------------------------|--------------------------|-----------------------------------|-----------------------|
|             | Cop               | y line 4 here  | 4.                              | \$2,487.33               | \$0.00                            |                       |
| 5. <b>L</b> | ist all           | payroll deductions:  |                                 |                          |                                   |                       |
|             | 5a. 1             | ax, Medicare, and Social Security deductions   | 5a.                             | \$316.29                 | \$0.00                            |                       |
|             | 5b. <b>N</b>      | Mandatory contributions for retirement plans   | 5b.                             | \$0.00                   | \$0.00                            |                       |
|             | 5c. <b>\</b>      | oluntary contributions for retirement plans  | 5c                              | \$0.00                   | \$0.00                            |                       |
|             | 5d. <b>F</b>      | Required repayments of retirement fund loans   | 5d.                             | \$0.00                   | \$0.00                            |                       |
|             | 5e. <b>I</b>      | nsurance   | 5e.                             | \$0.00                   | \$0.00                            |                       |
|             | 5f. <b>[</b>      | Domestic support obligations   | 5f.                             | \$0.00                   | \$0.00                            |                       |
|             | 5g. <b>l</b>      | Inion dues   | 5g.                             | \$0.00                   | \$0.00                            |                       |
|             | 5h. <b>C</b>      | Other deductions. Specify:   | 5h.                             | \$0.00                   | \$0.00                            |                       |
| 6. <b>A</b> | dd the            | <b>payroll deductions</b> . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.   | 6.                              | \$316.29                 | \$0.00                            |                       |
| 7. <b>C</b> | alcula            | te total monthly take-home pay. Subtract line 6 from line 4.   | 7.                              | \$2,171.04               | \$0.00                            |                       |
| 8. <b>L</b> | ist all           | other income regularly received:   | _                               | _                        |                                   |                       |
|             | 8a.               | Net income from rental property and from operating a business,   |                                 |                          |                                   |                       |
|             |                   | profession, or farm  |                                 |                          |                                   |                       |
|             |                   | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total  |                                 |                          |                                   |                       |
|             |                   | monthly net income.  | 8a.                             | \$0.00                   | \$0.00                            |                       |
|             | 8b.               | Interest and dividends   | 8b.                             | \$0.00                   | \$0.00                            |                       |
|             | 8c.               | Family support payments that you, a non-filing spouse, or a  | 8c.                             | \$ 134.00                | \$ 0.00                           |                       |
|             |                   | dependent regularly receive  |                                 |                          |                                   |                       |
|             |                   | Include alimony, spousal support, child support, maintenance, divorce  |                                 |                          |                                   |                       |
|             |                   | settlement, and property settlement.   |                                 |                          |                                   |                       |
|             | 8d.               | Unemployment compensation  | 8d.                             | \$0.00                   | \$0.00                            |                       |
|             | 8e.               | Social Security  | 8e.<br>_                        | \$0.00                   | \$0.00                            |                       |
|             | 8f.               | Other government assistance that you regularly receive   | 8f.                             | \$300.00                 | \$0.00                            |                       |
|             |                   | Include cash assistance and the value (if known) of any non-cash   |                                 |                          |                                   |                       |
|             |                   | assistance that you receive, such as food stamps (benefits under the   |                                 |                          |                                   |                       |
|             |                   | Supplemental Nutrition Assistance Program) or housing subsidies.   |                                 |                          |                                   |                       |
|             | 0                 | Specify:   | 0                               | <b>#0.00</b>             | 40.00                             |                       |
|             | 8g.               | Pension or retirement income   | 8g.<br>_                        | \$0.00                   | \$0.00                            |                       |
| _           | 8h.               | Other monthly income. Specify:   | 8h.<br>—                        | \$0.00                   | \$0.00                            |                       |
| 9.          | Add               | <b>all other income</b> . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.  | 9                               | \$434.00                 | \$0.00                            |                       |
| 10.         | Calc              | ulate monthly income. Add line 7 + line 9.   | 10.                             | \$2,605.04 +             | \$0.00                            | \$2,605.04            |
|             | Add               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | L                               | Ψ2,000.04                | ψ0.00                             | \$2,003.04            |
| 11.         | Incluothe<br>Do n | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are relative. | our depender<br>not available t | o pay expenses listed in | Schedule J.                       | 11. \$0.00            |
| 12.         | Add               | the amount in the last column of line 10 to the amount in line 11. The re-   | sult is the con                 | nbined monthly income.   |                                   |                       |
|             |                   | e that amount on the Summary of Schedules and Statistical Summary of Co  |                                 | •                        | applies                           | 12. <b>\$2,605.04</b> |
| 13.         | x                 | ou expect an increase or decrease within the year after you file this form<br>No.<br>Yes. Explain:   | 1?                              |                          |                                   |                       |

| Debtor 1 Coretta Elaine Burgess   Last Name   Last Nam |
|--|
| Debtor 2 (@quee_rife()) Frail Name   Mode Nume   Last Name   Last  |
| Case Number   Income as of the following date:      |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case Number (It brown)  Official Form 106J  Schedule J: Your Expenses  12/14  Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part II: Describe Your Household  1. Is this a joint case?    No. Go to line 2.   Yes. Does Debtor 2 live in a separate household?   No. United States Bankruptcy Court for the: North Assertion of the property |
| Case Number (If known)  Official Form 106J  Schedule J: Your Expenses  12/14  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part I: Describe Your Household  1. Is this a joint case?    No. Go to line 2.   Yes. Does Debtor 2 live in a separate household?   No.   Yes. Debtor 2 must file a separate Schedule J.    Do not list Debtor 1 and Debtor 2   Dependent's relationship to Debtor 1 or Debtor 2   No   No   Yes. Fill out this information for each dependent   |
| Schedule J: Your Expenses  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Describe Your Household  1. Is this a joint case?  No. Go to line 2.  Yes. Does Debtor 2 live in a separate household?  No.  Yes. Debtor 2 must file a separate Schedule J.  2. Do you have dependents?  Do not list Debtor 1 and Debtor 2.  Do not state the dependents' names.  Daughter  Describe Your Household  1. Is this a joint case?  Son  12  Yes.  Do you have dependent's pelationship to Dependent's age with you?  No.  Dependent's pelationship to Dependent's age with you?  No.  Yes.  Daughter  6  X Yes.  No.  Daughter  6  X Yes.  No.  Yes.  |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Describe Your Household  1. Is this a joint case?    No. Go to line 2.   No. Go to line 3.   No.   N |
| Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part 1:   |
| more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Describe Your Household  1. Is this a joint case?    X   No.   Go to line 2.  |
| 1. Is this a joint case?  X No. Go to line 2.  Yes. Does Debtor 2 live in a separate household?  No.  Yes. Debtor 2 must file a separate Schedule J.  2. Do you have dependents?  Do not list Debtor 1 and Debtor 2.  Do not state the dependents' names.  Dependent's relationship to Debtor 2 age with you?  Son  12  No  Daughter  6  X Yes  X No  Yes  |
| X No. Go to line 2.  Yes. Does Debtor 2 live in a separate household?  No.  Yes. Debtor 2 must file a separate Schedule J.  2. Do you have dependents?  Do not list Debtor 1 and Debtor 2.  Do not state the dependents' names.  Dependent's relationship to Debtor 2 age with you?  Son  12  No  X Yes.  Daughter  Dependent's relationship to Debtor 2 age with you?  Dependent's relationship to Debtor 2 age with you?  No  X Yes  No  Yes  X No  Yes  |
| Yes. Does Debtor 2 live in a separate household?  No. Yes. Debtor 2 must file a separate Schedule J.  2. Do you have dependents? Do not list Debtor 1 and Debtor 2. Do not state the dependents' names.  Dependent's relationship to Debtor 2 age with you?  Son  12  No  X Yes. Fill out this information for each dependent  |
| No.  Yes. Debtor 2 must file a separate Schedule J.  2. Do you have dependents?  Do not list Debtor 1 and Debtor 2.  Do not state the dependents' names.  Dependent's relationship to Debtor 2 age with you?  Son 12 X Yes  No X Yes  Daughter 6 X Yes  X No Yes   |
| Yes. Debtor 2 must file a separate Schedule J.  2. Do you have dependents?  Do not list Debtor 1 and Debtor 2.  Do not state the dependents' names.  Dependent's relationship to Debtor 2  Son  Dependent's relationship to Debtor 2  Son  12  X Yes  No  No  No  Daughter  Dependent's relationship to Debtor 2  Son  12  X Yes  X Yes  X No  Yes   |
| Do not list Debtor 1 and Debtor 2.  Do not state the dependents' names.  Debtor 2.  Do not state the dependents' names.  Debtor 1 or Debtor 2  Son  Daughter  Debtor 1 or Debtor 2  Son  Daughter  Debtor 1 or Debtor 2  Son  Daughter  Debtor 1 or Debtor 2  No  X Yes  X No  Yes   |
| Do not list Debtor 1 and Debtor 2.  Do not state the dependents' names.  Debtor 2.  Do not state the dependents' names.  Debtor 1 or Debtor 2  Son  Daughter  Debtor 1 or Debtor 2  Son  Daughter  Debtor 1 or Debtor 2  Son  Daughter  Debtor 1 or Debtor 2  No  X Yes  X No  Yes   |
| Do not list Debtor 1 and Debtor 2.  Do not state the dependents' names.  Daughter  Son  12  No  X Yes. Fill out this information for each dependent  |
| Do not state the dependents' names.  Daughter  Daughter  Son  12  X Yes  No  X Yes  X No  Yes  |
| Daughter  Baughter  G  X Yes  X No  Yes  |
| x Yes x No Yes   |
| Yes  |
|  |
| $ \mathbf{x} _{No}$  |
|  |
| Yes  |
| X No   |
| Yes  |
| 3. Do your expenses include expenses of people other than  |
| yourself and your dependents? Yes  |
| Part 2: Estimate Your Ongoing Monthly Expenses   |
| Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in   |
| the applicable date.   |
| Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)  Your expenses  |
|  |
| 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. \$800.00   |
| If not included in line 4:   |
| 4a. Real estate taxes 4a. \$0.00   |
| 4b. Property, homeowner's, or renter's insurance 4b. \$0.00  |
| 4c. Home maintenance, repair, and upkeep expenses 4c. \$0.00   |
| 4d. Homeowner's association or condominium dues 4d. \$0.00   |

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Coretta Elaine

Middle Name

Debtor 1

First Name

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Case Number (if known)

|     |   |      | Your expense | es       |
|-----|---|------|--------------|----------|
| 5.  | Additional Mortgage payments for your residence, such as home equity loans                            | 5.   |              | \$0.00   |
| 6.  | Utilities:  |      |              |          |
|     | 6a. Electricity, heat, natural gas  | 6a.  |              | \$200.00 |
|     | 6b. Water, sewer, garbage collection  | 6b.  |              | \$0.00   |
|     | 6c. Telephone, cell phone, internet, satellite, and cable service                                     | 6c.  |              | \$400.00 |
|     | 6d. Other. Specify:   | 6d.  | \$           | 0.00     |
| 7.  | Food and housekeeping supplies  | 7.   |              | \$400.00 |
| 8.  | Childcare and children's education costs  | 8.   |              | \$260.00 |
| 9.  | Clothing, laundry, and dry cleaning   | 9.   |              | \$125.00 |
| 10. | Personal care products and services   | 10.  |              | \$25.00  |
| 11. | Medical and dental expenses   | 11.  |              | \$75.00  |
| 12. | <b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments.     | 12.  |              | \$215.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books                                    | 13.  |              | \$0.00   |
| 14. | Charitable contributions and religious donations  | 14.  |              | \$0.00   |
| 15. | Insurance.  |      |              |          |
|     | Do not include insurance deducted from your pay or included in lines 4 or 20.                         |      |              |          |
|     | 15a. Life insurance   | 15a. |              | \$0.00   |
|     | 15b. Health insurance   | 15b. |              | \$0.00   |
|     | 15c. Vehicle insurance  | 15c. |              | \$50.00  |
|     | 15d. Other insurance. Specify:  | 15d. |              | \$0.00   |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.                      |      |              |          |
|     | Specify:  | 16.  |              | \$0.00   |
| 17. | Installment or lease payments:  |      |              |          |
|     | 17a. Car payments for Vehicle 1   | 17a. |              | \$0.00   |
|     | 17b. Car payments for Vehicle 2   | 17b. |              | \$0.00   |
|     | 17c. Other. Specify:  | 17c. |              | \$0.00   |
|     | 17d. Other. Specify:  | 17d. |              | \$0.00   |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted                |      |              |          |
|     | from your pay on line 5, Schedule I, Your Income (Official Form 106I).                                | 18.  |              | \$0.00   |
| 19. | Other payments you make to support others who do not live with you.                                   |      |              |          |
|     | Specify:  | 19.  |              | \$0.00   |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. |      |              |          |
|     | 20a. Mortgages on other property  | 20a. |              | \$ 0.00  |
|     | 20b. Real estate taxes  | 20b. | \$           | 0.00     |
|     | 20c. Property, homeowner's, or renter's insurance   | 20c. | \$           | 0.00     |
|     | 20d. Maintenance, repair, and upkeep expenses   | 20d. | \$           | 0.00     |
|     | 20e. Homeowner's association or condominium dues  | 20e. | \$           | 0.00     |

Official Form 106J Record # 703323 Schedule J: Your Expenses

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| Debtor | 1 0016  | ila   | Liairie                     | Dulyess                           | Case Number (if known) |               |            |  |
|--------|---|---|-----------------------------|-----------------------------------|------------------------|---------------|------------|--|
|        | First N   | ame   | Middle Name                 | Last Name                         |                        |               |            |  |
| 21.    | Other.  | Specify: Posta  | age/Bank Fees (\$10.00),    |                                   | _                      | 21.           | \$10.00    |  |
| 22     | Your me   | our monthly expense: Add lines 4 through 21.  |                             |                                   |                        |               | \$2,560.00 |  |
|        | The resi  | ult is your month   | nly expenses.               |                                   |                        |               |            |  |
|        |   |   |                             |                                   |                        |               |            |  |
|        |   |   |                             |                                   |                        |               |            |  |
| 23.    | Calcula   | Calculate your monthly net income.  |                             |                                   |                        |               |            |  |
|        | 23a.  | Copy line 12  | 2 (your comibined monthly i | ncome) from Schedule I.           |                        | 23a.          | \$2,605.04 |  |
|        | 23b.  | Copy your m   | nonthly expenses from line  | 22 above.                         |                        | 23b. <b>–</b> | \$2,560.00 |  |
|        | 23c.  | Subtract you  | ur monthly expenses from y  | our monthly income.               |                        | 23c.          | \$45.04    |  |
|        |   | The result is   | your monthly net income.    |                                   |                        | <u> </u>      |            |  |
|        |   |   |                             |                                   |                        |               |            |  |
|        |   |   |                             |                                   |                        |               |            |  |
|        |   |   |                             |                                   |                        |               |            |  |
|        |   |   |                             |                                   |                        |               |            |  |
| 24.    | Do you  | expect an incre   | ease or decrease in your e  | xpenses within the year after you | file this form?        |               |            |  |
|        | _   | For example, do you expect to finish paying for your car loan within the year or do you expect your |                             |                                   |                        |               |            |  |
|        | mortgage payment to increase or decrease because of a modification to the terms of your mortgage? |   |                             |                                   |                        |               |            |  |
|        | X No  |   |                             |                                   |                        |               |            |  |
|        | Ye  | s. Explain  | Here:                       |                                   |                        |               |            |  |
|        |   |   |                             |                                   |                        |               |            |  |
|        |   |   |                             |                                   |                        |               |            |  |
|        |   |   |                             |                                   |                        |               |            |  |
|        |   |   |                             |                                   |                        |               |            |  |
|        |   |   |                             |                                   |                        |               |            |  |

 Official Form 106J
 Record #
 703323
 Schedule J: Your Expenses
 Page 3 of 3

| Fill in this information to identify your case: |            |                                   |                  |  |  |
|---|------------|-----------------------------------|------------------|--|--|
| Debtor 1  | Coretta    | Elaine                            | Burgess          |  |  |
|   | First Name | Middle Name                       | Last Name        |  |  |
| Debtor 2  |            |                                   |                  |  |  |
| (Spouse, if filing)                             | First Name | Middle Name                       | Last Name        |  |  |
| United States Case Number                       |            | the : <u>NORTHERN</u> District of | ILLINOIS (State) |  |  |
| (If known)                                      |            |                                   |                  |  |  |

## Official Form 106 Dec

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below  |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? |   |  |  |  |  |  |
| No  |   |  |  |  |  |  |
| Yes. Name of Person   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |  |  |  |  |  |
|   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
| Under society of society I dealers that I have used the   | average, and askedulas filed with this deslayation and that they are two and                  |  |  |  |  |  |
| correct.  | summary and schedules filed with this declaration and that they are true and                  |  |  |  |  |  |
| ✗ /s/ Coretta Elaine Burgess  | <b>x</b>  |  |  |  |  |  |
| Signature of Debtor 1   | Signature of Debtor 2   |  |  |  |  |  |
| Date 02/16/2016   | Date  |  |  |  |  |  |
| MM / DD / YYYY  | MM / DD / YYYY  |  |  |  |  |  |

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| Fill in this information to identify your case:  |                    |                       |                    |  |  |  |
|--|--------------------|-----------------------|--------------------|--|--|--|
| Debtor 1   | Coretta First Name | Elaine<br>Middle Name | Burgess  Last Name |  |  |  |
| Debtor 2   |                    |                       |                    |  |  |  |
| (Spouse, if filing)  | First Name         | Middle Name           | Last Name          |  |  |  |
| United States Bankruptcy Court for the : <u>NORTHERN</u> District of <u>ILLINOIS</u> (State) |                    |                       |                    |  |  |  |
| Case Number (If known)   |                    |                       |                    |  |  |  |

# Official Form 107

#### Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case

| number<br>Part  |   | swer every question.<br>ails About Your Marital Status an | d Where You Lived Before      |  |                               |  |  |  |
|---|---|---|-------------------------------|--|-------------------------------|--|--|--|
|   | hat is your curr<br>Married<br>Not married  | ent marital status?                                       |                               |  |                               |  |  |  |
|   | During the last 3 years, have you lived anywhere other than where you live now?  No.  Yes. List all of the places you lived in the last 3 years. Do not include where you live now. |   |                               |  |                               |  |  |  |
|   | Debtor 1  |   | Dates Debtor 1<br>lived there | Debtor 2:                                  | Dates Debtor 2<br>lived there |  |  |  |
|   | 407 W 35Th :<br>Steger IL 604   |   | FROM 08/2014<br>To 02/2015    | Same as Debtor 1                           | Same as Debtor 1              |  |  |  |
|   | 2185 171St S<br>Hazel Crest II  | ut<br>L 60429-1305  | FROM 10/2011<br>To 8/2014     | Same as Debtor 1                           | Same as Debtor 1              |  |  |  |
| Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)  No.  Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). |   |   |                               |  |                               |  |  |  |
| Official  | Form 107  | Record # 703323   | Statement of Financial Affa   | airs for Individuals Filing for Bankruptcy | page 1                        |  |  |  |

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Debtor 1 Coretta Elaine Burgess Case Number (if known) First Name Middle Name Last Name 04 Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ☐ No. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income Gross income Sources of income **Gross income** Check all that apply (before deductions and Check all that apply (before deductions and exclusions) exclusions) Wages, commissions, Wages, commissions, 726.52 From January 1 of current year until bonuses, tips bonuses, tips the date you filed for bankruptcy: Operating a business Operating a business Wages, commissions, Wages, commissions, 14,456 For last calendar year: bonuses, tips bonuses, tips (January 1 to December 31, 2015) Operating a business Operating a business Wages, commissions, \$20,000(est) Wages, commissions, For the calendar year before that: bonuses, tips bonuses, tips (January 1 to December 31, 2014) Operating a business Operating a business

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Page 38 of 58 Document Debtor 1 Coretta Elaine Burgess Case Number (if known) First Name Middle Name Last Name 05 Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income Gross income Sources of income **Gross income** Describe below. (before deductions and Describe below. (before deductions and exclusions) exclusions) Child Support \$268 From January 1 of current year until the date you filed for bankruptcy: SNAP \$600 From January 1 of current year until the date you filed for bankruptcy: Child Support \$1,600 For last calendar year: (January 1 to December 31, 2015) SNAP \$3600 For last calendar year: (January 1 to December 31, 2015) Unemployment \$8,127 For last calendar year: (January 1 to December 31, 2015) Child Support \$1,500(est) For last calendar year: (January 1 to December 31, 2014) **SNAP** \$3400(est) For last calendar year: (January 1 to December 31, 2014) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

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Coretta Elaine Burgess Case Number (if known) \_ Debtor 1 First Name Middle Name Last Name Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,225\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of Was this payment for... Total amount paid Amount you still owe payments Americash Loans \$700 Mortgage Car Credit card Loan repayment Suppliers or vendors Other \_Taken via Voluntary Wage Assignment Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Dates of **Total amount** Amount you still Reason for this payment payment paid 08 Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. No.  $\hfill \square$  Yes. List all payments to an insider. Dates of **Total amount** Amount you still Reason for this payment Include creditor's name payment Part 4: Identify Legal actions, Repossessions, and Foreclosures

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| Debto | r 1               | Coretta                          | Elaine  | Burgess                          | Case Number (if kno   | own)                     |  |
|-------|-------------------|----------------------------------|---|----------------------------------|---|--------------------------|--|
|       |                   | First Name                       | Middle Name   | Last Name                        |   |                          |  |
| 09    | List              |                                  | uding personal injury cases,                            |                                  | ction, or administrative proceeding collection suits, paternity actions, su |                          |  |
|       |                   | No.                              |   |                                  |   |                          |  |
|       |                   | Yes. Fill in the details         | i.  |                                  |   |                          |  |
|       |                   |                                  |   | Nature of the case               | Court or agency   |                          | Status of the case                         |
| 10    | Che               | eck all that apply and           | filed for bankruptcy, was an fill in the details below. | y of your property repossessed,  | foreclosed, garnished, attached, se   | eized, or levied?        |  |
|       |                   | No. Go to line 11                |   |                                  |   |                          |  |
|       |                   | Yes. Fill in the inform          | ation below.  |                                  |   |                          |  |
| 11    |                   |                                  | ou filed for bankruptcy, did<br>ment because you owed a |                                  | or financial institution, set off an  | y amounts from y         | our accounts                               |
|       | _                 |                                  | •   |                                  |   |                          |  |
|       | =                 | No. Go to line 11                | ation halow   |                                  |   |                          |  |
| 12    | _                 | Yes. Fill in the inform          |   | any of your property in the nee  | acceion of an acciance for the be   | nofit of oroditoro       | •  |
|       |                   | -                                | r, a custodian, or another o                            |                                  | session of an assignee for the be   | nent of creditors,       | , a  |
|       |                   |                                  | ,   |                                  |   |                          |  |
|       | $\overline{\Box}$ |                                  |   |                                  |   |                          |  |
|       | _                 |                                  |   |                                  |   |                          |  |
| P     | art 5             | List Certain Gifts               | and Contributions                                       |                                  |   |                          |  |
| 13    | Wit               | hin 2 years before yo            | ou filed for bankruptcy, did                            | you give any gifts with a total  | value of more than \$600 per perso  | on?                      |  |
|       |                   | No.                              |   |                                  |   |                          |  |
|       | $\overline{\Box}$ | Yes. Fill in the details         | for each gift.  |                                  |   |                          |  |
| 14    | _                 |                                  | -   | you give any gifts or contribut  | ions with a total value of more tha   | an \$600 to any ch       | arity?                                     |
|       | _                 |                                  | ,   |                                  |   | •                        | Š  |
|       | _                 | No.                              | for an about  |                                  |   |                          |  |
|       | Ц                 | Yes. Fill in the details         | i for each giπ.   |                                  |   |                          |  |
|       |                   |                                  |   |                                  |   |                          |  |
| P     | art 6             | List Certain Loss                | 562   |                                  |   |                          |  |
| 15    |                   | hin 1 year before yoւ<br>nbling? | ı filed for bankruptcy or sir                           | nce you filed for bankruptcy, di | d you lose anything because of th   | neft, fire, other dis    | saster, or                                 |
|       |                   | No.                              |   |                                  |   |                          |  |
|       |                   | Yes. Fill in the details         | for each gift.  |                                  |   |                          |  |
|       |                   |                                  |   |                                  |   |                          |  |
| P     | art 7             | List Certain Pay                 | ments or Transfers                                      |                                  |   |                          |  |
| 16    |                   |                                  |   |                                  |   |                          |  |
| 16    | abo               | out seeking bankrupt             | cy or preparing a bankrupt                              | cy petition?                     | our behalf pay or transfer any pro<br>ies for services required in your b   |                          | ou consulted                               |
|       |                   | No.                              |   |                                  |   |                          |  |
|       |                   | Yes. Fill in the details         | ;<br>;  |                                  |   |                          |  |
|       | _                 |                                  |   |                                  |   |                          |  |
|       |                   | Party Contact Info               |   | Description and value of an      | y property transferred  | Date payment or transfer | Amount of payment                          |
|       |                   | Geraci Law L.L.C.                |   |                                  |   |                          | Payment/Value:                             |
|       |                   | 55 E. Monroe Stree               | t #3400   |                                  |   |                          | \$1,895.00: \$465.00 paid prior to filing, |
|       |                   | Chicago,IL 60603                 |   |                                  |   |                          | balance to be paid                         |
|       |                   |                                  |   |                                  |   |                          | after case filing.                         |
|       |                   |                                  |   |                                  |   |                          |  |
|       |                   |                                  |   |                                  |   |                          |  |
|       |                   |                                  |   |                                  |   |                          |  |
|       |                   |                                  |   |                                  |   |                          |  |
|       |                   |                                  |   |                                  |   |                          |  |
|       |                   |                                  |   |                                  |   |                          |  |

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|    | Party Contact Info   | Description and value of   | any property transferred    | Date paym<br>or transfer               |                       |
|----|--|--|-----------------------------|--|-----------------------|
|    | Hananyill Credit Counceling  | Credit Counseling Services   | <u> </u>                    | 2016                                   | \$25.00               |
|    | Hananwill Credit Counseling  115 N. Cross St.  | -  |                             | 2010                                   | Ψ23.00                |
|    | Robinson, IL 62454   | -  |                             |  |                       |
|    | TODINSON, IL 02404   | -  |                             |  |                       |
|    |  | -  |                             |  |                       |
|    |  |  |                             |  |                       |
|    |  |  |                             |  |                       |
|    |  |  |                             |  |                       |
| 17 | Within 1 year before you filed for bankrupton<br>promised to help you deal with your creditor<br>Do not include any payment or transfer that                             | rs or to make payments to your cre                                   |                             | fer any property to any                | one who               |
|    | No.  |  |                             |  |                       |
|    | Yes. Fill in the details.  |  |                             |  |                       |
|    |  |  |                             |  |                       |
| 18 | Within 2 years before you filed for bankrupto<br>transferred in the ordinary course of your bu<br>Include both outright transfers and transfers                          | usiness or financial affairs?<br>s made as security (such as the gra | nting of a security intere  |  |                       |
|    | Do not include gifts and transfers that you h  | iave aireauy iisted on this statemen                                 | ı.                          |  |                       |
|    | No.  |  |                             |  |                       |
|    | Yes. Fill in the details for each gift.  |  |                             |  |                       |
| 19 | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-p  |  | o a self-settled trust or s | imilar device of which                 | you are a             |
|    | No.  |  |                             |  |                       |
|    | Yes. Fill in the details for each gift.  |  |                             |  |                       |
|    |  |  |                             |  |                       |
| P  | List Certain Financial Accounts, Instru  | uments, Safe Deposit Boxes, and Stor                                 | age Units                   |  |                       |
| 20 | Within 1 year before you filed for bankrupto<br>sold, moved, or transferred?<br>Include checking, savings, money market, o<br>houses, pension funds, cooperatives, assoc | or other financial accounts; certifica                               | tes of deposit; shares in   | · ·                                    |                       |
|    | ■ No.  Yes. Fill in the details.   |  |                             |  |                       |
|    |  | Last 4 digits of account number                                      | Type of account or          | Date account was                       | Last balance before   |
|    |  |  | instrument                  | closed, sold, moved,<br>or transferred | closing or transfer   |
|    |  |  |                             |  |                       |
| 21 | Do you now have, or did you have within 1 y cash, or other valuables?  | ear before you filed for bankruptcy                                  | , any safe deposit box o    | r other depository for s               | ecurities,            |
|    | No.  |  |                             |  |                       |
|    | Yes. Fill in the details.  |  |                             |  |                       |
|    | _  | Who else had access to it?   | Describe the content        | nts                                    | Do you still          |
| 22 | Have you stored property in a stores!t   | or place other than your borns!!!                                    | n 4 waar hafers was filed   | for bankrupter 2                       | have it?              |
|    | Have you stored property in a storage unit o   | or place other than your nome with                                   | ii i year belore you filed  | тог рапктиртсу?                        |                       |
|    | No.  |  |                             |  |                       |
|    | Yes. Fill in the details.  | Who else has or had access to it?                                    | Describe the conte          | nte                                    | Do you still          |
|    | <u></u>  | with else has of had access to it?                                   | Describe the conte          | 113                                    | Do you still have it? |
| P  | art9: Identify Property You Hold or Control  | for Someone Else   |                             |  |                       |
|    |  |  |                             |  |                       |
|    |  |  |                             |  |                       |
|    |  |  |                             |  |                       |
|    |  |  |                             |  |                       |
|    |  |  |                             |  |                       |

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| Debtor 1    |   | Coretta   | Elaine          | Burgess   | Case Number (if known)                      |                    |  |  |
|-------------|---|---|-----------------|---|---|--------------------|--|--|
|             |   | First Name  | Middle Name     | Last Name   | , , ,                                       |                    |  |  |
|             | -   | ou hold or control any pro<br>omeone.                   | perty that so   | meone else owns? Include any property   | you borrowed from, are storing for, or ho   | ld in trust        |  |  |
|             | N   |   |                 |   |   |                    |  |  |
| L           | <b>」</b> ↑  | es. Fill in the details.                                |                 | Where is the property?  | Describe the property                       | Value              |  |  |
| Part        | 10:   | Give Details About Envir                                | ronmental Info  | ormation  |   |                    |  |  |
| For th      | ie pi   | urpose of Part 10, the folio                            | wing definiti   | ions apply:   |   |                    |  |  |
| ha          | zar   | dous or toxic substances,                               | wastes, or m    | or local statute or regulation concerning<br>naterial into the air, land, soil, surface wa<br>the cleanup of these substances, wastes | ter, groundwater, or other medium,          |                    |  |  |
|             | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it, including disposal sites.                           |   |                 |   |   |                    |  |  |
|             | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. |   |                 |   |   |                    |  |  |
| Repor       | rt all  | I notices, releases, and pr                             | oceedings th    | at you know about, regardless of when t   | hey occurred.                               |                    |  |  |
| 24 H        |   |   | ified you that  | t you may be liable or potentially liable u   | nder or in violation of an environmental la | iw?                |  |  |
|             | ■ N<br>] Y  | io.<br>es. Fill in the details.                         |                 |   |   |                    |  |  |
|             |   |   |                 | Governmental unit   | Environmental law, if you know it           | Date of notice     |  |  |
| 25 <b>H</b> | ave   | you notified any governm                                | nental unit of  | any release of hazardous material?  |   |                    |  |  |
|             | N<br>TY   | lo.<br>es. Fill in the details.                         |                 |   |   |                    |  |  |
| _           |   |   |                 | Governmental unit   | Environmental law, if you know it           | Date of notice     |  |  |
| 26 <b>H</b> | ave   | you been a party in any ju                              | udicial or adn  | ninistrative proceeding under any enviro  | nmental law? Include settlements and ord    | ders.              |  |  |
|             | ■ N<br>TY   | lo.<br>es. Fill in the details.                         |                 |   |   |                    |  |  |
| _           |   |   |                 | Court or agency   | Nature of the case                          | Status of the case |  |  |
| Part        | 11:   | Give Details About Your                                 | Business or (   | Connections to Any Business   |   |                    |  |  |
| 27 <b>W</b> | _   | _   |                 |   | of the following connections to any busin   | ess?               |  |  |
|             | _ =   | = ' '   |                 | n a trade, profession, or other activity, eit<br>any (LLC) or limited liability partnership (   | •   |                    |  |  |
|             | _   | <br>☑A partner in a partnersh                           |                 |   | •   |                    |  |  |
|             |   | An officer, director, or n                              | nanaging exe    | ecutive of a corporation  |   |                    |  |  |
|             |   | An owner of at least 5%                                 | of the voting   | g or equity securities of a corporation   |   |                    |  |  |
|             |   | lo. None of the above applie                            |                 |   |   |                    |  |  |
| L           | _  Y  | es. Check all that apply abo                            | ove and fill in | the details below for each business.  |   |                    |  |  |
|             |   | in 2 years before you filed utions, creditors, or other | -               | ccy, did you give a financial statement to  | anyone about your business? Include all     | financial          |  |  |
|             | N<br>V  |   |                 |   |   |                    |  |  |
|             | <b>」</b> '  | es. Fill in the details.                                |                 | Date issued   |   |                    |  |  |
|             |   |   |                 |   |   |                    |  |  |
|             |   |   |                 |   |   |                    |  |  |
|             |   |   |                 |   |   |                    |  |  |

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 Debtor 1
 Coretta
 Elaine
 Burgess
 Case Number (if known)

 First Name
 Middle Name
 Last Name

| nave read the answers on this Statement of Final  | ncial Affairs and any attachments, and I declare under penalty of perjury that the                       |
|---|--|
|   | aking a false statement, concealing property, or obtaining money or property by fraud                    |
| connection with a bankruptcy case can result in<br>B.U.S.C. §§ 152, 1341, 1519, and 3571. | n fines up to \$250,000, or imprisonment for up to 20 years, or both.                                    |
| 0.0.0.33 102, 1041, 1010, and 00711   |  |
|   |  |
|   | <b>x</b>   |
| Signature of Debtor 1   | Signature of Debtor 2  |
| Date 02/16/2016   | Date   |
| MM / DD / YYYY  | MM / DD / YYYY   |
| l you attach additional pages to <i>Your Statemen</i>                                     | nt of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?                       |
| Yes   |  |
| d you pay or agree to pay someone who is not a  | an attorney to help you fill out bankruptcy forms?   |
| No  |  |
|   |  |
| Yes. Name of person   | Attach the Bankruptcy Petition Preparer's Notice,  |
| Yes. Name of person   | Attach the <i>Bankruptcy Petition Preparer's Notice,</i> Declaration, and Signature (Official Form 119). |

Doc 1 Filed 02/24/16 Entered 02/24/16 14:02:50 Desc Main Fill in this information to identify your case: Coretta Elaine Burgess Debtor 1 Middle Name Last Name First Name Debtor 2 First Name Middle Name Last Name (Spouse, if filing) United States Bankruptcy Court for the : <u>NORTHERN DISTRICT OF ILLINOIS EASTERN</u> DIVISION District of ILLINOIS Check if this is an amended filing

### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- $\blacksquare$  you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors,

whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.

Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

**List Your Creditors Who Have Secured Claims** 1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral What do you intend to do with the property that Did you claim the property secures a debt? as exempt on Schedule C? ☐ Surrender the property No Creditor's name: CNAC Retain the property and redeem it ☐ Yes Retain the property and enter into a 2005 Dodge Stratus with over 125,000 miles Description of Reaffirmation Agreement. property securing debt: Retain the property and [explain]: \_\_\_\_ ☐ Surrender the property □ No Creditor's name: Retain the property and redeem it ☐ Yes Retain the property and enter into a Description of Reaffirmation Agreement. property Retain the property and [explain]: securing debt: □ No Creditor's ☐ Surrender the property name: Retain the property and redeem it ☐ Yes Retain the property and enter into a Description of Reaffirmation Agreement. property Retain the property and [explain]: securing debt: Creditor's Surrender the property ☐ No name: Retain the property and redeem it ☐ Yes Retain the property and enter into a Description of Reaffirmation Agreement. property Retain the property and [explain]: \_\_\_\_ securing debt:

Debtor 1

Coretta

Case 16-06107

Doc 1

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Desc Main

First Name

List Your Unexpired Personal Property Leases

| 5  |  |
|--|--|
| For any unexpired personal property lease that you listed in Schedule G: Executory Co      |  |
| fill in the information below. Do not list real estate leases. Unexpired leases are leases |  |
| ended. You may assume an unexpired personal property lease if the trustee does not a       | ssume it. 11 U.S.C. § 365(p)(2).         |
| Describe your unexpired personal property leases   | Will the lease be assumed?               |
| Lessor's name:   | ☐ No                                     |
| Lessoi s name.   |  |
| Description of leased  | Yes                                      |
| property:  |  |
| 1 -1- 9  |  |
| Lessor's name:   | □ No                                     |
|  | Yes                                      |
| Description of leased  | ☐ fes                                    |
| property:  |  |
|  |  |
| Lessor's name:   | □No                                      |
|  |  |
| Description of leased  | ☐ Tes                                    |
| property:  |  |
|  |  |
| Lessor's name:   | □No                                      |
|  |  |
| Description of leased  |  |
| property:  |  |
|  | П.,                                      |
| Lessor's name:   |  |
| Description of learned   | □Yes                                     |
| Description of leased property:  |  |
| ргорену.   |  |
| Lessor's name:   | □No                                      |
| Leason 3 Harrie.   |  |
| Description of leased  | □Yes                                     |
| property:  |  |
| · · ·  |  |
| Lessor's name:   | □ No                                     |
|  |  |
| Description of leased  |  |
| property:  |  |
|  |  |
| Part 3: Sign Below   |  |
|  |  |
| Inder penalty of perjury, I declare that I have indicated my intention about any property  | of my estate that secures a debt and any |
| personal property that is subject to an unexpired lease.                                   |  |
|  |  |
| 🗶 /s/ Coretta Elaine Burgess   |  |
| Signature of Debtor 1 Signature of Debtor  | 2  |
| Date   |  |
| MM / DD / YYYY MM / DD / Y   |  |

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B2030 (Form 2030) (12/15)

# United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| In re                  |   |   |                                      |
|------------------------|---|---|--------------------------------------|
| Coretta Elai           | ne Burgess / Debtor   | Case No:  |                                      |
|                        |   | Chapter:  | Chapter 7                            |
|                        | DISCLOSURE OF COM   | PENSATION OF ATTORNEY FOR DEE                   | BTOR                                 |
| compensation           | t to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) in paid to me within one year before the filing of the obe rendered on behalf of the debtor(s) in contempts. | e petition in bankruptcy, or agreed to be paid  | d to me, for services                |
| For leg                | al services, I have agreed to accept  | \$1,895.00                                      |                                      |
| Prior to               | the filing of this statement I have received  | <u>\$465.00</u>                                 |                                      |
| Balance                | e Due   | \$1,430.00                                      |                                      |
| 2. The sou             | rce of the compensation paid to me was:   |   |                                      |
| D                      | ebtor(s) Other: (specify  |   |                                      |
| 3. The sou             | rce of compensation to be paid to me is:  |   |                                      |
| I                      | Debtor(s) Other: (specify   |   |                                      |
|                        | ave not agreed to share the above-disclosed compe   | nsation with any other person unless they ar    | re members and associates            |
| of my law fir          | m.  |   |                                      |
| I h                    | ave agreed to share the above-disclosed compensa  | tion with a other person or persons who are i   | not members or associates            |
| 5. In return case, inc | n for the above-disclosed fee, I have agreed to rend<br>cluding:  | er legal service for all aspects of the bankruj | ptcy                                 |
| a. An bankruptcy;      | alysis of the debtor's financial situation, and rende   | ering advice to the debtor in determining who   | ether to file a petition in          |
| b. Pre                 | eparation and filing of any petition, schedules, state  | ements of affairs and plan which may be requ    | uired;                               |
| c. Re                  | presentation of the debtor at the meeting of creditor   | rs and confirmation hearing, and any adjour     | ned hearings thereof;                |
| <b>6.</b> By agree     | ement with the debtor(s), the above-disclosed fee   | loes not include the following service:         |                                      |
| Fee do                 | es NOT include missed meeting or court da   | tes, amendments to schedules, adversary         | complaints or conversions to another |
| chapter, judio         | cial lien avoidances, dischargeability actions, other   | contested matters except the first meeting o    | f creditors.                         |
|                        |   | ERTIFICATION                                    |                                      |
|                        | I certify that the foregoing is a complete s payment to   | tatement of any agreement or arrangement for    | or                                   |
|                        | me for representation of the debtor(s) in this b  | ankruptcy proceedings.                          |                                      |
|                        | <del></del>   | s/ Jon Kurt Clasing                             |                                      |
|                        | Date  | Signature of Attorney                           |                                      |
|                        |   | Geraci Law L.L.C.<br>Name of law firm           |                                      |

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58 312.332.1800 help@geracilaw.com Record #: 703-323



Date: 2/15/2016

Consultation Attorney: SAL

## **Chapter 7 Retainer Agreement**

The undersigned hires Geraci Law L.L.C. and its associated attorneys for representation in a Chapter7 bankrupter under the following

Attorney fees for the Chapter 7 bankruptcy are \$ Attorney rees for the Chapter / pankruptcy are 5 for credit counseling or financial management classes. This fee is based on the anticipated amount of work required to complete my case, and upon the information I have provided to date. If any information is incomplete or incorrect, the advice of Chapter may have to change, and this fee may have to be adjusted. This fee includes all work in the representation of my normal Chapter7, including preparation of my bankruptcy petition, schedules and other documents, first 341 meeting, reaffirmations, normal correspondence with my creditors and myself, but does NOT include excessive work caused by you, missed 341 meetings, reopening the case, amendments to schedules, work on audits or asset cases, objections to exemptions, conversion to another chapter, evidentiary hearings, other contested matters or motions, or adversary proceedings, because these cannot be predicted in setting a flat fee. For work done on these matters, we bill between \$275/hr and \$450/hr for attorney time, based on the attorney doing the work, and \$85 to \$125/hr paralegal time. I agree that more than one attorney and paralegal will work on my case.

Fees are "flat fees" and "advance payment retainers" for pre-filling work, become property of this firm on payment, and are deposited into the firm's operating account. Payments are applied to the "flat fee". You may elect to be billed on an hourly basis, but we have found a flat fee is cheaper and benefits you. If this contract is terminated by either party prior to the filling of the case, the firm will refund unearned fees based on the above rates with an accounting, and on request, submit any dispute to binding arbitration within 30 days. If I close my file or breach this contract I agree to pay for the work done to that time. I assign to my attorney all amounts tendered as filing fees or court costs and authorize my attorney to transfer said funds from his trust account to his operating account

I understand that bankruptcy laws only allow me to protect a certain amount of my property, and if I have any unprotected property, I understand my Chapter 7 Trustee can sell it if I do not or cannot buy out the Trustee's interest and that the U.S. Trustee may object to my filing a Chapter 7 if they believe I have excess income and should be filing a Chapter 13.

I agree to fully cooperate with my attorneys and provide all information requested at any point during the case. I understand that if I do not fully cooperate or provide complete and accurate information, my attorneys may withdraw from representation of me, with the

If I have secured debts that I wish to retain (mortgages, financed vehicles or other financed property) that I may be required to sign a reaffirmation agreement with the creditor in order to keep the property; and I must remain current on my payments. Many mortgage and car companies refuse to reaffirm the debt but we have found that if you keep up your payments you keep the property anyway.

Debts not discharged if they not paid in full: student loans; educational debts & tuition; most tax debts: unfiled, trust fund or late filed tax; undisclosed debts; support/maintenance debts; fines, debts incurred by fraud, or after the case is filed, future condo/HOA dues, or debts listed in your red or green folder as usually not discharged, or found non-dischargeable by a Judge.

Representation limited to Bankruptcy Court We don't represent you in state court, or loan modifications or similar matters.

I cannot transfer any property or incur any credit or debt without the express permission of my attorney or the Court and I must make full disclosure of all income, expenses, debts and assets in my initial consultation and on my bankruptcy petition.

I understand that if I fail to take my financial management class after filing but before discharge, my case may be closed without a , and I will be required to pay fees and costs to have it reopened. I have received the 11U.S.C § 527(a) disclosures. Date

(Joint Debtor)

Atterney for the Debtor(s)

Representing Geraci Law L.L.C. rev 150511

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Coretta Elaine Burgess / Debtor

Bankruptcy Docket #:

Judge:

#### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 02/16/2016 /s/ Coretta Elaine Burgess

**Coretta Elaine Burgess** 

X Date & Sign

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<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

## UNITED STATES BANKRUPTCY COURT

# NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

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#### 

Form B 201A, Notice to Consumer Debtor(s)

In re Coretta Elaine Burgess / Debtor

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

## <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filling fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

| Dated: 02/16/2016 | /s/ Coretta Elaine Burgess |   |  |
|-------------------|----------------------------|---|--|
|                   | Coretta Elaine Burgess     | _ |  |
| Dated: 02/23/2016 | /s/ Jon Kurt Clasing       |   |  |
|                   | Attorney: Jon Kurt Clasing | _ |  |

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| otor 1 | Coretta  | Elaine                                       | Burgess   | Case Number   | r (if known)  |  |  |  |
|--------|--|--|---|---|---|--|--|--|
| OF 1   | Finat Name   | Middle Name                                  | Last Name   |   |   |  |  |  |
| _      |  |  |   |   |   |  |  |  |
| rt 6   | Answer These Question  |  |   |   | defined in 44 U.S.C. & 104/8)   |  |  |  |
|        | that kind of debts do<br>ou have?  | as "incum<br>∐No. G                          | r debts primarily consun<br>ed by an individual primarily<br>Go to line 16b.<br>Go to line 17.  | <b>ner debts?</b> <i>Consumer debts</i> are<br>for a personal, family, or househo | defined in 11 d.S.C. 3 101(C)   |  |  |  |
|        |  | 16h Are vou                                  | 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. |   |   |  |  |  |
|        |  | □No. 0                                       | Go to line 16c.<br>Go to line 17.   | of unough the operation of the next   |   |  |  |  |
|        |  | 16c. State the                               | type of debts you owe that  | are not consumer debts or busine  | es debts.   |  |  |  |
|        |  |  |   |   |   |  |  |  |
|        | Are you filing under   | ☐ No. I ar                                   | m not filing under Chapter 7.   | . Go to line 18.  |   |  |  |  |
|        | Chapter 7?<br>Do you estimate that after   |  | m filing under Chapter 7. Do<br>ministrative expenses are pr  | o you estimate that after any exen<br>aid that funds will be available to d       | npt property is excluded and<br>distribute to unsecured creditors?            |  |  |  |
| í      | any exempt property is excluded and  |  | No.   |   |   |  |  |  |
|        | administrative expenses<br>are paid that funds will be                               | , [  | Yes.  |   |   |  |  |  |
| i      | are paid that lunus will be<br>available for distribution<br>to unsecured creditors? |  | ,   |   |   |  |  |  |
|        | How many creditors do  | 1-49   |   | 1,000-5,000   | 25,001-50,000   |  |  |  |
|        | you estimate that you  | <b>□</b> 50-99                               |   | 5,001-10,000<br>10,001-25,000   | ☐ 50,001-100,000<br>☐ More than 100,000                                       |  |  |  |
|        | owe?   | ☐ 100-199<br>☐ 200-999                       |   | 10,001-20,000   |   |  |  |  |
|        |  |  |   | ☐\$1,000,001-\$10 million   | □\$500,000,001-\$1 billion  |  |  |  |
|        | How much do you  | <b>=</b> \$0-\$50,<br><b>-</b> \$50,001      |   | \$10,000,001-\$50 million   | \$1,000,000,001-\$10 billion  |  |  |  |
|        | estimate your assets to<br>be worth?   |  | 01-\$500,000  | ☐ \$50,000,001-\$100 million  | ☐\$10,000,000,001-\$50 billion  |  |  |  |
|        | po 1101a   |  | 01-\$1 million  | □ \$100,000,001-\$500 million   | ☐ More than \$50 billion  |  |  |  |
| _      | New work do you  | <b>\$0-\$50</b>                              | 000   | ☐ \$1,000,001-\$10 million  | □\$500,000,001-\$1 billion  |  |  |  |
| •      | How much do you estimate your liabilities  |  | 1-\$100,000   | \$10,000,001-\$50 million   | \$1,000,000,001-\$10 billion  |  |  |  |
|        | to be?   |  | 01-\$500,000  | \$50,000,001-\$100 million  | \$10,000,000,001-\$50 billion   |  |  |  |
|        |  |  | 01-\$1 million  | \$100,000,001-\$500 million   | ☐ More than \$50 billion  |  |  |  |
| ar     | 7: Sign Below  |  |   |   |   |  |  |  |
|        |  |  | ned this petition, and I decla  | ere under penalty of perjury that th  | e information provided is true and  |  |  |  |
| or     | you  | if I have chosof title 11, Ur<br>under Chapt | nited States Code. I underst  | I am aware that I may proceed, if<br>and the relief available under each          | eligible, under Chapter 7, 11,12, or 13<br>h chapter, and I choose to proceed |  |  |  |
|        |  | If no attorney<br>this docume                | y represents me and I did no<br>nt, I have obtained and read  | ot pay or agree to pay someone w<br>the notice required by 11 U.S.C.              | tho is not an attorney to help me fill out $\S$ 342(b).                       |  |  |  |
|        |  | I request reli                               | ief in accordance with the ch   | apter of title 11, United States Co   | de, specified in this petition.   |  |  |  |
|        |  | with a bankr                                 | l making a false statement, o<br>ruptcy case can result in fine<br>§ 152, 1341, 1519, and 357   | s up to \$250,000, or imprisonmen   | money or property by fraud in connection<br>at for up to 20 years, or both.   |  |  |  |
|        |  | X Signal                                     | Portito Cu<br>bure of Debtor 1  | 19010 ×   | Signature of Debtor 2   |  |  |  |
|        |  | Execu  | rted on <u>:3 1/6/</u> 2  | 016   | Executed on   |  |  |  |

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| Fill in this in          | formation to identi                     | ify your case:   |  |   |                                    |       |
|--------------------------|---|--|--|---|------------------------------------|-------|
|                          | Coretta                                 | Elaine   | Burgess  |   |                                    |       |
| Debtor 1                 | First Name                              | Middle Name  | Last Name  |   |                                    |       |
| Debtor 2                 |   |  | Lest Name  |   |                                    |       |
| (Spouse, if filing)      | First Name                              | Middle Name  |  |   |                                    |       |
| United States            | Bankruptcy Court for                    | the: <u>NORTHERN</u> District of _                               | (State)  |   | Or an interest in the              |       |
| Case Numbe<br>(If known) |   |  | _  | 1   | Check if this is an amended filing |       |
|                          |   |  |  |   |                                    |       |
|                          |   |  |  |   | ÷                                  |       |
|                          | 400 5                                   | _  |  |   |                                    |       |
|                          | orm 106 D                               |  |  |   |                                    |       |
| Declara                  | tion Abou                               | t an Individual D  | ebtor's Schedule   | es  |                                    | 12/15 |
|                          | le are filipa ta                        | nother both are equally resp                                     | onsible for supplying correct in                                 | formation.  |                                    |       |
|                          |   |  |  |   | property, or                       | •     |
| You must file t          | this form wheneve<br>lev or property by | r you file bankruptcy schedule<br>fraud in connection with a bar | es or amended schedules. Max<br>nkruptcy case can result in fine | ing a false statement, concealing p<br>s up to \$250,000, or imprisonment | for up to 20                       |       |
| years, or both           | . 18 U.S.C. §§ 152,                     | 1341, 1519, and 3571.  |  |   |                                    |       |
|                          |   |  |  |   |                                    |       |
|                          | Sign Below                              |  |  |   |                                    |       |
| Did you no               | w or saree to Day :                     | someone who is NOT an attor                                      | ney to help you fill out bankrup                                 | tcy forms?  | •                                  |       |
| _                        | ., o. ca h,                             | <del>-</del>   |  |   |                                    |       |
| No                       |   |  |  | Attach Bankruptcy Petition Prej   | parer's Notice, Declaration, a     | nd    |
| Yes.                     | Name of Person _                        |  |  | Signature (Official Form 119).  | ,                                  |       |
|                          |   |  |  |   |                                    |       |
|                          |   |  |  |   | •                                  |       |
|                          |   |  |  |   |                                    |       |
|                          |   |  |  |   | _                                  |       |
| Under per                | naity of perjury, I d                   | leclare that I have read the sur                                 | mmary and schedules filed with                                   | this declaration and that they are  | true and                           |       |
| correct                  |   |  |  |   |                                    |       |
|                          | 4                                       | 1 2012   | 4.0  |   |                                    |       |
| X (                      | coelle                                  | Burgoss  | Signature of Debtor 2  | <b>)</b>  |                                    |       |
| Signa                    | ture of Debtor 1                        | • /  | Gigilatule of Copini   | -   |                                    |       |
|                          | 20 1/6/20                               | 016  | Date   | ·   | •                                  |       |
| Date                     | MM / DD / YYYY                          | <del>,</del>   | DateMM / DD / `  | <b>YYYY</b>   |                                    |       |

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| Debtor 1 | Coretta    | Elaine      | Burgess   | Case Number (if known) |
|----------|------------|-------------|-----------|------------------------|
| Deploi i | First Name | Middle Name | Last Name |                        |
|          | First Mame |             |           |                        |

| Part 12:    | Sign Below  |
|-------------|---|
| answers     | ead the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the care true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud extensive the statement of the concealing property, or obtaining money or property by fraud extensive the statement for up to 20 years, or both.  • §§ 152, 1341, 1519, and 3571. |
| × (         | grature of Debtor 2  Signature of Debtor 2  |
| Da          | Date MM / DD / YYYY   |
| Did you     | attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?   |
| No.         |   |
| ∏Ye         |   |
| Did yo      | u pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?   |
| <b>■</b> No |   |

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Case Number (if known) Burgess Coretta Debtor 1 First Nam List Your Unexpired Personal Property Leases Part 2: For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 108G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). □ No Lessor's name: ☐ Yes Description of leased property: ☐ No Lessor's name: ☐ Yes Description of leased property: ☐ No Lessor's name: ☐ Yes Description of leased property: □No Lessor's name: ☐Yes Description of leased property: □No Lessor's name: □Yes Description of leased property: □No Lessor's name: Yes Description of leased property: ☐ No Lessor's name: ☐ Yes Description of leased property: Part 3: Şign Below Under penalty of penjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease. Signature of Debtor 2 MM / DD / YYYY

Official Form 108

Record # 703323

Statement of Intention for Individuals Filing Under Chapter 7

Page 2 of 2

## **DISCLAIMER Debtors have read and agree:**

- Divorce or family support debts to a spouse, ex-spouse, child, guardian ad litern or similar person or entity in connection with a separation agreement, divorce decree or court order are not dischargable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are NON-DISCHARGEABLE if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a Chapter 7 and sold, or may be disposable income in a 13.
- Student loans and educational benefits are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win. Interest on student loans continue to run while you are in a Chapter 13.
- Cosigners, joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for family support are not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signors and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be LIQUIDATED to pay your creditors.
- TAX DEBTS. Most taxes are not discharged in bankruptcy. However, income tax debt (1040 type tax) can be discharged if the following four rules are met: (1). The tax return was DUE at least 3 YEARS (plus extensions) before the filing of your bankruptcy case. (2). You FILED your income tax return at least 2 YEARS before your bankruptcy was filed. (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District Director) (3). You did not wilfully intend to evade the tax. (4). The tax must have been ASSESSED over 240 DAYS before the bankruptcy filing. We recommend you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes and taxes on unfilled returns can be discharged in a Chapter 13 case. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above time periods. Employers' share of FICA & FUTA is dischargeable, but not trust fund taxes like the employee's funds or sales tax.
- 5. Fines, traffic tickets, parking tickets, penalties to governmental unit are not discharged in Chapter 7, may not be discharged in 13 without full payment.
- 6. Non filling spouse: If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts. 7. DUI PERSONAL INJURIES, DEBTS YOU DON'T LIST are not discharged.
- 8. DEBTS where creditors successfully object to discharge may survive Creditors, the Trustee, or Court, can try to deny discharge based on many factors,
- a. Income sufficient to pay a percentage of your unsecured debt. b. Failure to keep books and records documenting your financial affairs. c. Luxury purchases or cash advances within 60 days of filing or without intent or ability to repay. d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy. 1. Failure to appear at meetings, court dates, or co-operate with the Trustee.
- 9. INTEREST ON NON-DISCHARGEABLE DEBTS in a Chapter 13 continues to accrue, and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within 90 days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.
- 10. LIQUIDATION OF REAL AND PERSONAL PROPERTY. If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.
- 11. CHANGE IN LAWS. Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filing fee and sign your petition in our main office. ANY DELAY either in hiring us, or after, IS YOUR REPSONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a
- judge ruling against you, as in any lawsuit. 12. PAYMENTS TO CREDITORS YOU PREFERRED to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred.
- 13. SURRENDER OF PROPERTY Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foreclosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filing, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets
- 14. RIGHT TO RECEIVE inheritances, tax refunds, injury claims, compensation of any kind, insurance or reality commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.
- 15. JOINT ACCOUNT HOLDERS holders entire amount in the account could be taken by the trustee under Chapter 7.
- 16. MARRIED COUPLES GOING THROUGH DIVORCE: We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have decided to file a bankruptcy together dispite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each other in this joint bankruptcy.
- 17. AUTO LEASES & INSTALLMENT AGREEMENTS to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filling, they are vold. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankrptcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume

18. Setoffs if you have money in a credit union or creditor account, or other loans that cross-collateralized, any money or property may be taken for both loans. The Undersigned have read the above & assume the risk that a debt is not discharged in bankruptcy, that our non-exempt property will be taken and sold by the bankruptcy trustee if it can't be protected, that the trustee might object if I/we have excess income, or change in State, Federal or Bankruptcy laws before the case is filed in Court AND WE HAVE TO READ, CHECK, & MAKE SURE OUR PETITION IS ACCURATEIN

**2016** 

Coretta Elaine Burgess

Dated:

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Coretta Elaine Burgess / Debtor

Bankruptcy Docket #:

Judge:

### VERIEGATION OF GREDITORNATINA

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.



Dated: **1 /6 /**2016

Coretta Burgoso
Coretta Elaine Burgess



Form B 201A, Notice to Consumer Debtor(s)

In re Coretta Elaine Burgess / Debtor

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

# <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

## 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated: 2 / /2016

Coretta Elaine Burgess

Dated: 2 123 12016

Attorney: Jon Kurt Clasing

Record # 703323

Form B 201A, Notice to Consumer Debtor(s)

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| Debtor 1   | Coretta  | Elaine<br>Midde Name  | Burgess<br>Lest Name                                       | Case Number (If known)                       |  |
|--|--|---|--|--|--|
|  | First Name                                       | MUSCOW reporter   | Labols state cor   | Destar 1 D                                   | oumni B<br>Abbor Z.o.<br>on Allogia polise   |
| 8. Une   | mployment comp                                   | pensation   |  | \$0.00                                       | \$0.00   |
| Do r<br>und  | not enter the amou<br>er the Social Secu         | unt if you contend that the amount rurity Act. Instead, list it here:   | eceived was a benefit                                      | -  |  |
| For  | you  |   |  |  |  |
| For  | your spouse                                      | ***************************************   |  |  | Acceptance of the control of the con |
| 9. Per<br>ben  | ns <b>ion or retireme</b><br>refit under the Soc | nt income. Do not înclude any amo<br>cial Security Act.   | unt received that was a                                    | \$0.00                                       | \$0.00   |
| Do<br>as   | not include any be<br>a victim of a war c        | er sources not listed above. Special solution in the social solution in a crime against humanity, or ry, list other sources on a separate | ecurity Act or payments received international or domestic |  |  |
| 1  |  | rnment Assistance   |  | \$300.00                                     | 0.00   |
| 10b  |  |   |  | \$ 0.00                                      | \$0.00   |
| 100  | . Total amounts fro                              | rom separate pages, if any.   |  | \$300.00                                     | \$0.00   |
|  |  | current monthly income. Add line<br>total for Column A to the total for   |  | \$2,921.33 +                                 | \$0.00 = \$2,921.33  |
|  |  |   |  |  | ,  |
| Part   | 2: Determine                                     | Whether the Means Test Applies to   | ) You  |  |  |
| 12. Cal  | culate your curre                                | ent monthly income for the year. F<br>al current monthly income from line   | follow these steps:  | Copy line 11 here                            | 12a. <b>\$2,921.33</b>   |
| 120  |  | (the number of months in a year).   | 11,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                    | minimum Copy into 11                         | x 12   |
| 12b  |  | (the number of months in a year).<br>our annual income for this part of th  | ne form.   |  | 12b. \$35,055,96   |
|  | • •  | in family income that applies to yo   |  |  |  |
|  |  | •   | -  | 1  |  |
| FIII   | in the state in whi                              | ich you live.   |  |  |  |
| Fill   | in the number of                                 | people in your household.   | 3  | ]  | ***************************************  |
| To   | find a list of applic                            | nily income for your state and size o<br>cable median income amounts, go<br>orm. This list may also be available                          | online using the link specified in th                      |  | 18, <b>\$72,343.00</b>   |
| 14. Ho   | w do the lines co                                | mpare?  |  |  |  |
| 14a  | Go to Part 3.                                    | less than or equal to line 13. On the<br>i.   | top of page 1, check box 1, Ther                           | e is no presumption of abuse.                |  |
| 14b  |  | more than line 13. On the top of pag<br>s and fill out Form 122A-2  | ge 1, check box 2. The presumption                         | on of abuse is determined by Form 1224       | <b>1-2</b> ,   |
| Part   | 3: Sign Belo                                     |   |  |  |  |
|  | By signing her                                   | e, declare under penalty of perjur  | y that the information on this state                       | ·<br>ment and in any attachments is true and | correct.   |
| Andreas & Security of the Colonial Colo |  | Wellan Just<br>Coretta Elaine Burgess   | goso   |  |  |
|  | Date:: <u>८</u>                                  | <u> 116</u> 12016   |  |  |  |
|  | If you checker                                   | d line 14a, do NOT fill out or file For   | m 122A-2.  |  |  |
|  | lf vou checker                                   | d line 14b, fill out Form 122A-2 and  | file it with this form.                                    |  |  |